



# **Bismarck-Burleigh Public Health**

## ***Community Health Improvement Plan***

### **2016-2018**



**Public Health**  
Prevent. Promote. Protect.

**Bismarck-Burleigh Public Health**



*Prepared by: Renae Moch, MBA, FACMPE*  
*Director, Bismarck-Burleigh Public Health*



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## Welcome Letter

Bismarck-Burleigh Public Health partnered with CHI St. Alexius Health and Sanford Health in Bismarck to complete a Community Health Needs Assessment for our local area in 2015. This report is designed to summarize the assessment process, frame our community assets relating to health and wellness, and identify implementation strategies that Bismarck-Burleigh Public Health will utilize to address the health and wellness needs in our community.

Bismarck-Burleigh Public Health is continuously planning and collaborating with local health partners to work towards community level changes that are sustainable and will shift social norms relating to the health and wellness of our residents. I applaud the efforts that have been put forth thus far by our colleagues.

The progressive leadership in our local area is something to be proud of. As you read this report, take pride in our community assets, embrace our community needs and engage in becoming part of the solution.

Sincerely,

*Renae Moch, MBA, FACMPE*

Renae Moch, MBA, FACMPE  
Public Health Director  
Bismarck-Burleigh Public Health



## **Acknowledgements**

Bismarck-Burleigh Public Health would like to acknowledge and thank the City of Bismarck's Administration and City Commission for their supportive efforts throughout the collaborative process of conducting the 2015 Community Health Needs Assessment Survey. A special "thank you" goes out to **Bismarck City Commissioner, Nancy Guy** and **Burleigh County Commissioner, Kathleen Jones**, the portfolio holders for Public Health, who have actively participated and provided feedback to our department throughout this process. Your support of this collaboration encourages efficient use of resources and a coordinated effort to improve the health of our community.

In addition, we recognize the Burleigh-Morton Community Health Collaborative Core Group Members for their expertise and leadership throughout the assessment process. This group carried the responsibility of completing a Community Health Needs Assessment for Burleigh and Morton Counties and led efforts to complete the process successfully.

### **Community Health Collaborative Core Group Members**

#### **Renae Moch, MBA, FACMPE**

Public Health Director  
Bismarck-Burleigh Public Health

#### **Sue Kahler, MBA**

Tobacco Prevention Program Coordinator  
Bismarck-Burleigh Public Health

#### **Julie Jeske, MBA**

Vice President Community Services  
CHI St. Alexius Health

#### **Marnie Walth**

Strategic Planning & Public Policy Director  
Sanford Health

#### **Carrie McLeod**

Sanford Enterprise Community Health/Community Benefit  
Sanford Health



Bismarck-Burleigh Public Health also expresses gratitude to the community stakeholders and Bismarck-Burleigh Public Health staff members who participated in planning efforts and facilitated discussions and assisted with prioritizing needs identified through the assessment process. We also thank the Burleigh and Morton County residents who assisted in survey completion and all others that supported these efforts in any way throughout the assessment process. Working together we can obtain a healthy and safe community for all residents!

## **Description of Bismarck-Burleigh Public Health**

Bismarck-Burleigh Public Health operates as a City of Bismarck department and is comprised of the following sections: Health Administration, Health Services, Health Maintenance, Environmental Health, Emergency Preparedness and Response, Nutrition Services, Tobacco Prevention and Control, Women's Way, Health Tracks and the Business Office. Burleigh County contracts with the City of Bismarck for public health nursing services.

Bismarck-Burleigh Public Health employs public health professionals who work to protect the health of the population for Bismarck and Burleigh County. Public health professionals work to prevent the spread of infectious diseases and food-borne illnesses and stress the importance of preventive care to maintain good health. Public Health promotes and encourages preventive health care and healthy lifestyles for children and families.

Public Health protects the public against injuries and environmental threats by preparing for and responding to natural and man-made disasters and emergencies. Public Health plays a vital role in the development of policies and standards to address the challenges to our community's health.

## **Description of Community Served**

Bismarck-Burleigh Public Health serves the residents of the City of Bismarck and Burleigh County. Bismarck is the capital of the state of North Dakota and the county seat of Burleigh County. It is the second most populous city in North Dakota following the City of Fargo. Burleigh County's 2014 Census population estimate was 90,503. The City of Bismarck's 2014 U.S. Census population estimate was 68,896, while its metropolitan population was 126,597.

Bismarck ranks in the upper quartile for population density and diversity index when compared to the other cities, towns and Census Designated Places (CDPs) in North Dakota. In 2014, Forbes magazine ranked Bismarck as the seventh fastest-growing small city in the United States. The community is experiencing fast paced growth as a result of oil development throughout western North Dakota.

Bismarck is on the east bank of the Missouri River, directly across the river from the City of Mandan. The two cities make up the core of the Bismarck-Mandan Metropolitan Statistical Area.



The North Dakota State Capitol building is located in central Bismarck. As a hub of retail and health care, Bismarck is the economic center of south-central North Dakota.

Bismarck-Burleigh County serves as home to Bismarck State College, the University of Mary, United Tribes Technical College and several of the state's top businesses.



## **Evaluation of 2012 Community Health Needs Assessment**

Bismarck-Burleigh Public Health participated in a Community Health Needs Assessment (CHNA) in 2012. Public Health collaborated with Sanford Health to complete its first CHNA, a requirement of the Affordable Care Act for hospitals to maintain their tax exempt status.

### **Community Health Coalition members identified the following as key community concerns in 2012:**

1. Pediatric Obesity
2. Child Poverty
3. Binge Drinking
4. Substance Abuse
5. Affordable Housing

These key concerns served as a guide for public health efforts in the community at that time. Agency implementation strategies were not developed in 2012 due to a vacancy in the Director of Public Health position.

## **2015 Community Health Needs Assessment**

In 2015, Bismarck-Burleigh Public Health participated in a Community Health Needs Assessment in collaboration with both local hospitals, CHI St. Alexius Health and Sanford Health. The next section of this report contains information regarding the purpose of the assessment and a description of the surveys and information gathered throughout the survey process. Priorities have been identified and key concerns will be addressed through implementation strategies defined in this report.

### **Purpose**

The purpose of the survey of residents in the greater Bismarck-Mandan area (i.e., Burleigh and Morton counties in North Dakota) was to learn about the perceptions of area residents regarding their personal health, the prevalence of disease, and other health issues in the community.



This Community Health Needs Assessment is a collaborative project of Bismarck-Burleigh Public Health, CHI St. Alexius Health and Sanford Health whose efforts ultimately lead to the implementation of comprehensive strategies for community health improvement in our local area.

## **Study Design & Methodology**

### **Non-Generalizable Survey (Online)**



*Renae Moch, Public Health Director  
Bismarck-Burleigh Public Health*

The non-generalizable survey results are from an online survey conducted in April 2015 through a partnership between the Community Health Collaborative (consisting of members from Bismarck-Burleigh Public Health, CHI St. Alexius Health and Sanford Health) and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool.

Members of the Community Health Collaborative held a press conference on **April 1, 2015** and invited viewers to access the online

survey through the City of Bismarck/Bismarck-Burleigh Public Health website. The website address for the survey instrument was also distributed via e-mail to various agencies using a snowball approach. Therefore, it is important to note that the data in this report are not generalizable to the community. Data collection occurred throughout the month of April 2015 and a total of 502 respondents participated in the online survey.



*Dr. Craig Lambrecht, President  
Sanford Bismarck*



*Gary P. Miller, Former President/CEO  
CHI St. Alexius Health*

A similar survey, in scannable paper form, was administered to a representative sample of community residents of the Bismarck-Mandan metro area via the United States Postal Service. The online survey instrument used for this report was based largely on questions included in the paper survey format. However, some questions in the paper survey were modified for the online version of the survey and therefore are not comparable, particularly those questions relating to Advanced Care Directives and alcohol use and prescription or non-prescription drug abuse.

## **Generalizable Survey (Paper/Mail)**

A generalizable survey was conducted of residents in Burleigh County and Morton County, North Dakota. The survey instrument was developed in partnership with members of the Community Health Needs Collaborative (CHNC) and the Center for Social Research (CSR) at North Dakota State University (NDSU).

Members of the CHNA consortium designed the cover letter. Elements of informed consent were included in the letter ensuring that the NDSU Institutional Review Board requirements were met and the protection of human subjects maintained.

The survey instrument was designed as a scannable 8-page mail survey containing 55 questions. The questions focused on general community concerns, community health and wellness concerns, personal health, preventive health, and demographic characteristics.

The sample was a stratified random sample, drawn through a qualified vendor, to ensure that appropriate proportions from each of the two counties were included. A total of 1,500 records including names, addresses, and a few demographic indicators were drawn.

Residents listed in the sample were first mailed an introductory postcard briefly explaining the project and notifying them that a survey packet would be arriving in their mail. Surveys packets, which contained the scannable survey instrument and a return envelope, were mailed three days after the introductory postcards; 2 percent of the packets were returned as undeliverable. A reminder postcard, containing a link to an online version of the survey, was mailed to non-responders approximately 10 days after the initial survey was mailed.

A total of 392 paper surveys were returned for scanning and an additional five surveys were completed online for a total of 397. It was apparent that elderly and male respondents were overrepresented in the scanned results. Therefore, post-stratification weights were used to ensure proper representation of the population with respect to age and gender.

Respondents who did not enter a gender and age response were eliminated from the analyses. A total of 378 surveys were analyzed providing a generalizable sample with a confidence level of 95 percent and an error rate of plus or minus 5.2 percentage points.



## **Limitations of the Study**

When comparing demographic characteristics of the sample with the current population estimates from the U.S. Census Bureau, it was apparent the sample was skewed toward elderly residents. Communication devices (i.e., cell phones vs. land line telephones) are becoming increasingly problematic when trying to reach younger populations. Literature reviews indicate that there are nonresponse and coverage issues among younger respondents.

In particular, response rates to health care and community health needs assessment surveys have often been found to be higher for older respondents, especially for mail surveys.

## **Community Health Stakeholders Meeting**

On **June 11, 2015** the Community Health Collaborative Core Group hosted a **Community Health Stakeholders meeting** at CHI St. Alexius Health's Boniface Auditorium. Community profile information for Burleigh and Morton counties were presented to attendees in addition to survey findings from NDSU Center for Social Research.

### **A total of 83 stakeholders were present for the Community Health Stakeholders meeting representing the following agencies:**

*American Heart Association, Bismarck City Commission, Bismarck-Mandan Chamber of Commerce, Bismarck Parks & Recreation, Bismarck Police Department, Bismarck Public Schools, Bismarck Tribune, Bismarck-Burleigh Public Health, Burleigh County Commission, CHI St. Alexius Health, City of Bismarck (Mayor and Administration), City of Mandan (Mayor), Community Healthcare Association of the Dakotas, Custer Health, Go! Bismarck Mandan, Lutheran Social Services, Military Outreach SW Region, ND Department of Health, ND Long Term Care Association, ND National Guard, NDSU Center for Social Research, ND State Legislators, NDSU Extension Service-Burleigh County, NDSU School of Nursing, Northland Healthcare Alliance, Rasmussen College, Ruth Meier's Hospitality House, Sanford Health, UND Center for Family Medicine, United Tribes Technical College, United Way, University of Mary, University of North Dakota, West Central Human Service Center, YMCA, Youth Works*

Following the presentations, facilitated round table discussions took place where attendees provided feedback on the survey results and shared ideas on how their organizations could assist with the needs identified. Facilitators captured the discussions and feedback from attendees.

Following the stakeholders meeting, the Community Health Collaborative Core Group and round table facilitators met and reviewed the input shared during the small group sessions. The Core Group identified a common theme from the small group discussions. The common theme identified was not enough representation from vulnerable populations represented in the survey sample. The Core Group decided it was important to reach out to our local vulnerable populations to gain their input on health needs in the community.

Bismarck-Burleigh Public Health led efforts to reach out to local vulnerable populations. Public Health staff members surveyed attendees at local events where vulnerable populations were present. A total of 77 surveys were completed by attendees at Project Service Connect and the Veterans Stand Down events.

Project Service Connect is a one day event held at the Bismarck Public Library that provides individuals and families currently experiencing homelessness or poverty access to vital services in our community. It is a one-stop shop of service providers offering resources regarding housing, employment, transportation, medical/dental care, benefits, haircuts, and more.

Veterans Stand Down is a one day event held at the Bismarck Amvets Club where homeless Veterans, veterans in need and immediate dependent family members are able to receive supplies and services such as food, shelter, clothing, health screenings and VA Social Security benefits counseling. Veterans can also receive referrals to other assistance such as health care, housing solutions, employment, substance use treatment and mental health counseling.

The feedback obtained from the surveys collected at these events is listed in the [“Asset Mapping”](#) document in the Appendix at the end of this report.

## **Health Needs Identified**

The assessment process identified several needs in the Burleigh/Morton communities. The needs varied from issues relating to the aging population, healthcare access and cost, substance use and abuse, crime and safety, economics and physical and mental health.

Specific data on these issues is reflected in the reports attached in the [Appendix](#) of this summary. Once the concerns were identified and reviewed, the next step in the process was prioritization of needs. The prioritization process is defined in the next section.

## **Prioritization**

The Community Health Collaborative Core Group engaged Community Stakeholders to assist in prioritization of needs identified through the assessment process. Community Stakeholders were asked to prioritize issues via an online survey process.

**The Community Stakeholder group identified the following as the top 10 concerns for the community in 2015:**

- 1. Affordable Housing**
- 2. Chronic Disease**
- 3. Access to Affordable Health Care**
- 4. Obesity/Poor Nutrition/Lack of Exercise**
- 5. Timely Access to Mental Health Providers**
- 6. Child Abuse/Neglect**
- 7. Homelessness**
- 8. Coordination of Care between Providers & Services**
- 9. Drug Use/Presence of Drugs & Alcohol**
- 10. Stress**

Following prioritization of needs, the Community Health Collaborative Core Group Members met to discuss the priorities and how to best address the health needs in our community. Concerns addressed would focus on each agency's individual ability to make the biggest impact on improving the concern identified.

**Bismarck-Burleigh Public Health has chosen the following concerns as priorities to be included in the agency's strategic implementation plan:**

- Access to Affordable Health Care**
- Chronic Disease**
- Obesity/Poor Nutrition/Lack of Exercise**

These priorities align with our mission and vision statements and the core functions of public health. We will focus on these priorities to make a difference in the health and wellness of our residents through the implementation strategies identified and the daily activities performed by the professional staff at Bismarck-Burleigh Public Health.



## Implementation Strategies for CHNA Concerns Identified

### **Access to Affordable Health Care**

**Priority:** Improve Access to Affordable Health Care

**Strategy:** Conduct outreach and educational activities to promote access to affordable health care opportunities for minorities, underserved, and vulnerable populations.

### **Chronic Disease**

**Priority:** Reduce the Risk of Chronic Disease

**Strategy:** Educate and empower individuals to take an active role their health.

### **Obesity/Poor Nutrition/Lack of Exercise**

**Priority:** Improve Employee Health and Wellness

**Strategy:** Support healthy behaviors and improve health outcomes at work.

Goals, objectives and activities relating to these strategies are defined in Bismarck-Burleigh Public Health's strategic plan for 2016-2018. The strategic plan is a separate document.



## **Appendix**

### **Primary Research**

Non-Generalizable Survey (Online)

Generalizable Survey (Paper/Mail)

### **Secondary Research**

Burleigh County Community Health Profile

Morton County Community Health Profile

### **Asset Mapping**

Asset Mapping Document

### **Prioritization Survey**

Prioritization Survey Results

# 2015 Burleigh-Morton Community Health Collaborative

Results from the Non-generalizeable  
Online Survey

Collaborative Partners:  
Sanford Health, CHI St. Alexius Health, and  
Bismarck-Burleigh Public Health



## STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from an April 2015 online survey conducted through a partnership between the Community Health Collaborative (including Sanford Health, CHI St. Alexius Health, and Bismarck-Burleigh Public Health) and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative held a press conference on April 1, 2015 and invited viewers to access the online survey through the City of Bismarck's website. The website address for the survey instrument was also distributed via e-mail to various agencies, at times using a snowball approach. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred throughout the month of April 2015 and a total of 502 respondents participated in the online survey.

A similar survey, in scannable-paper form, was administered to a representative sample of community residents of the Bismarck-Mandan metro area via the United States Postal Service. The online survey instrument used for this report was based largely on questions included in the paper survey format. However, some questions in the paper survey were modified for the online version of the survey and therefore are not comparable, particularly those questions relating to alcohol use and prescription or non-prescription drug abuse.

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# SURVEY RESULTS

## General Health and Wellness Concerns about the Community

Respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE in their community. The level of concern was measured using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal” of concern.

Figure 1. Level of concern with statements about the community regarding ECONOMICS

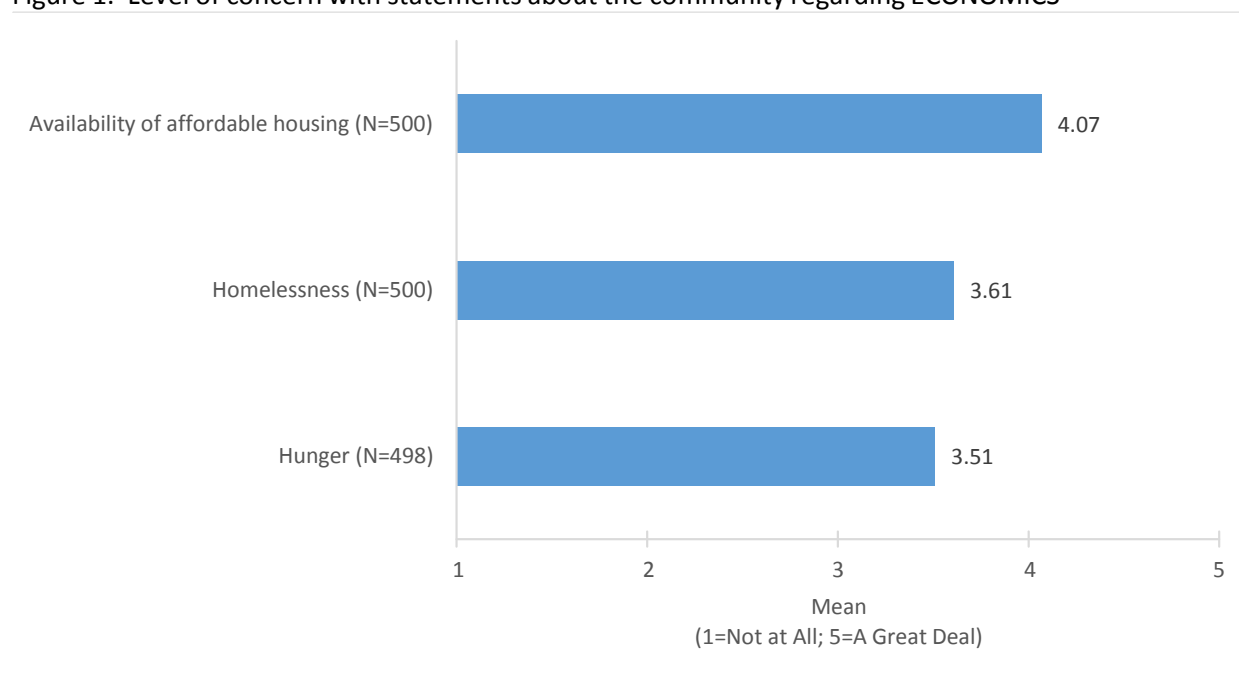


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

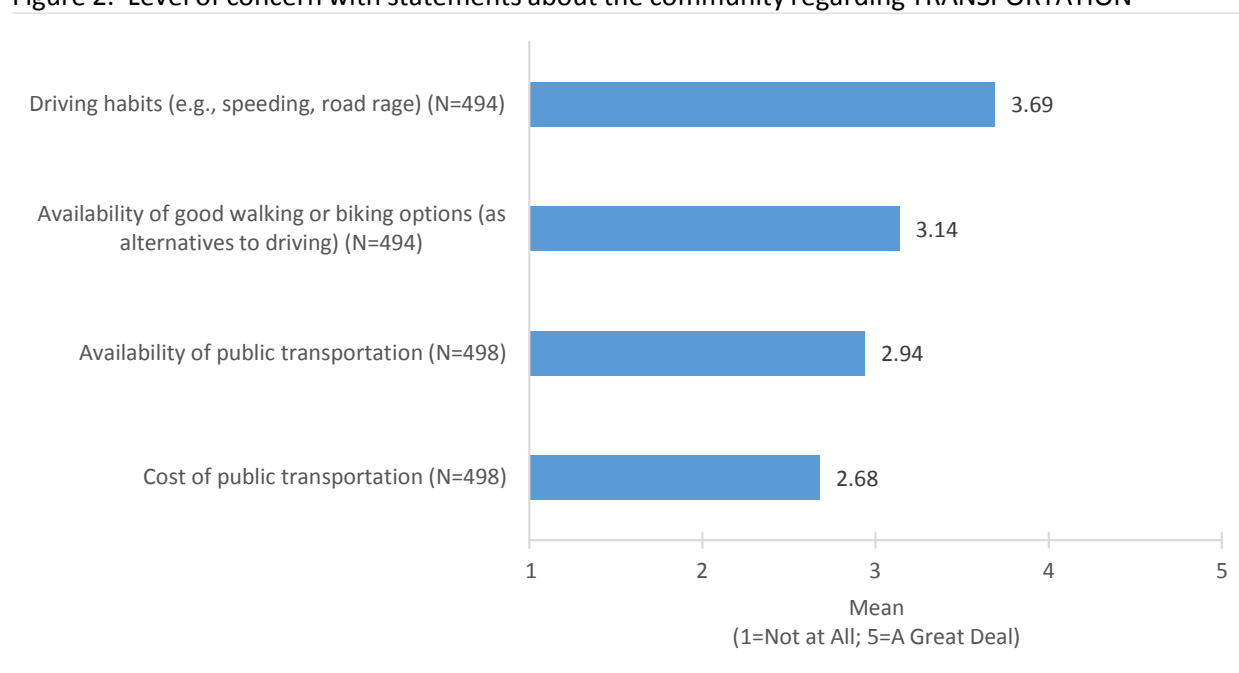


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

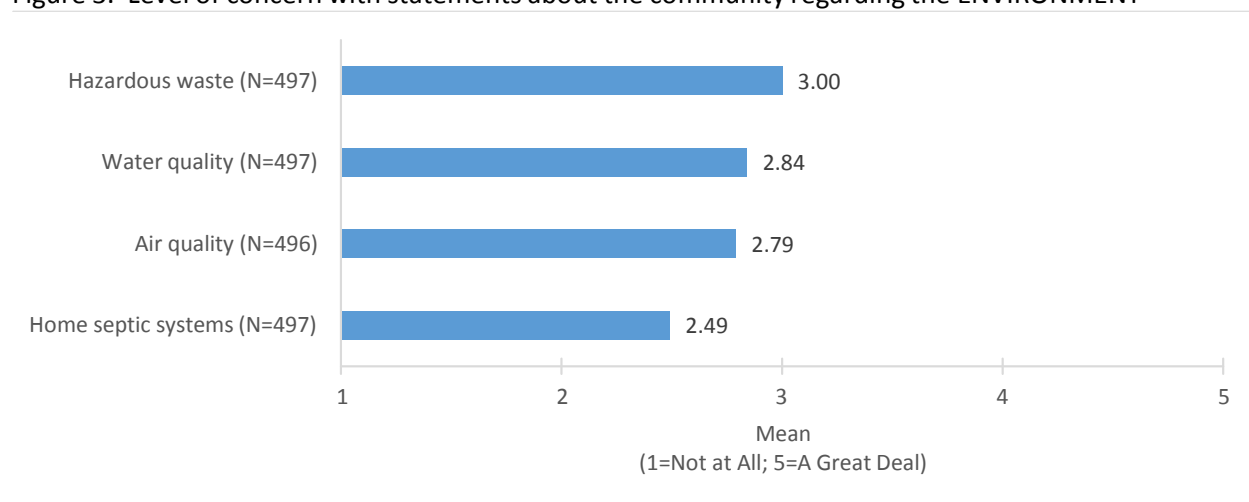
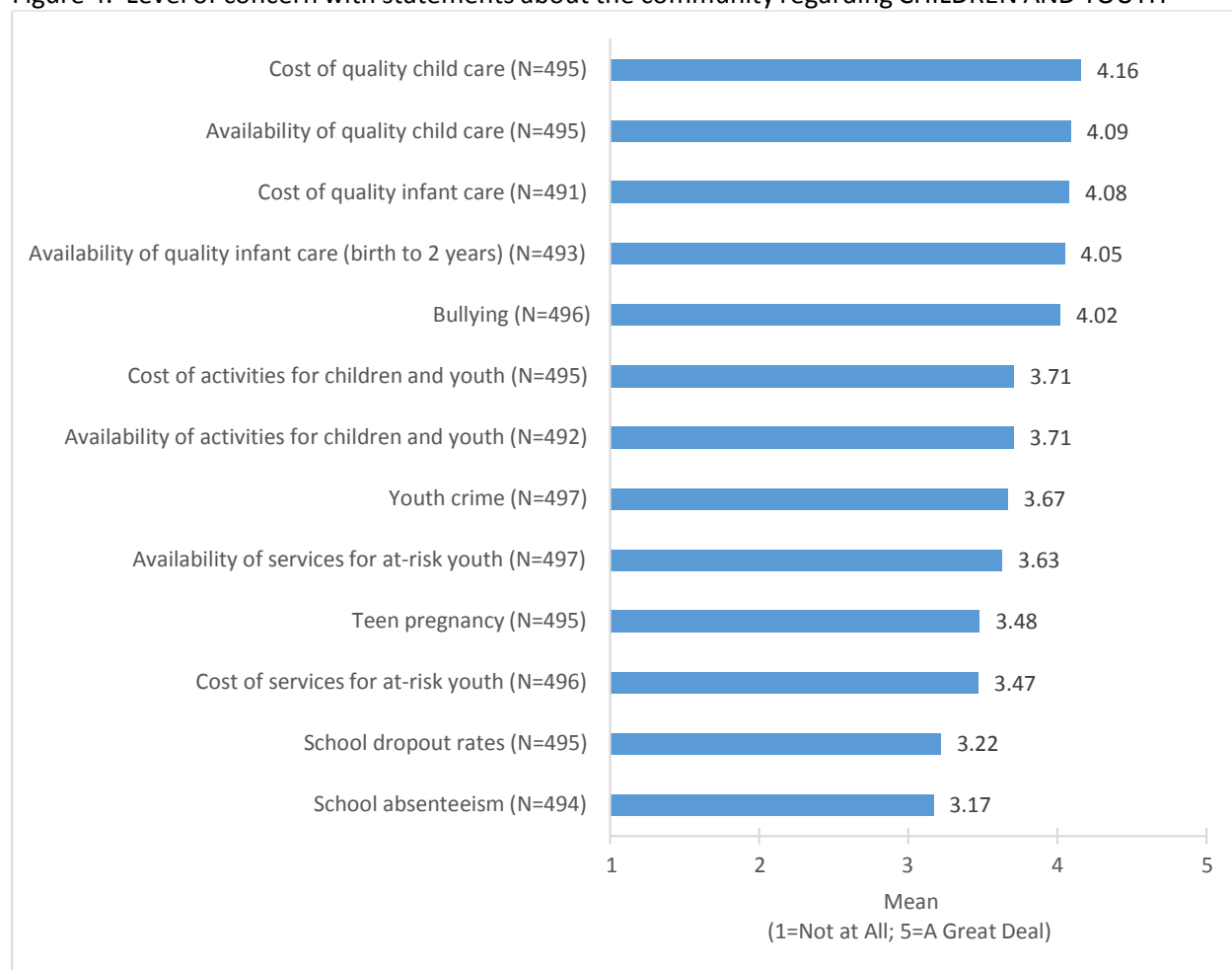
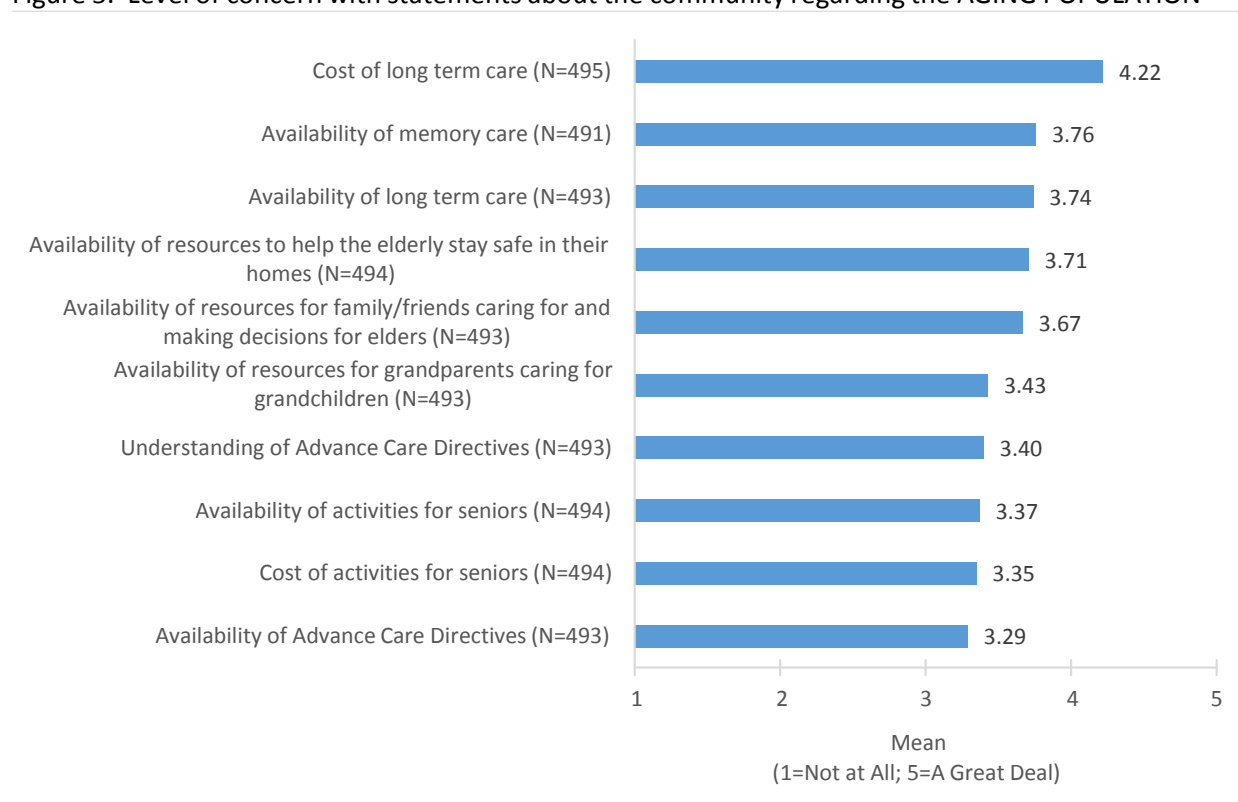


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH



**Figure 5. Level of concern with statements about the community regarding the AGING POPULATION**



**Figure 6. Level of concern with statements about the community regarding SAFETY**

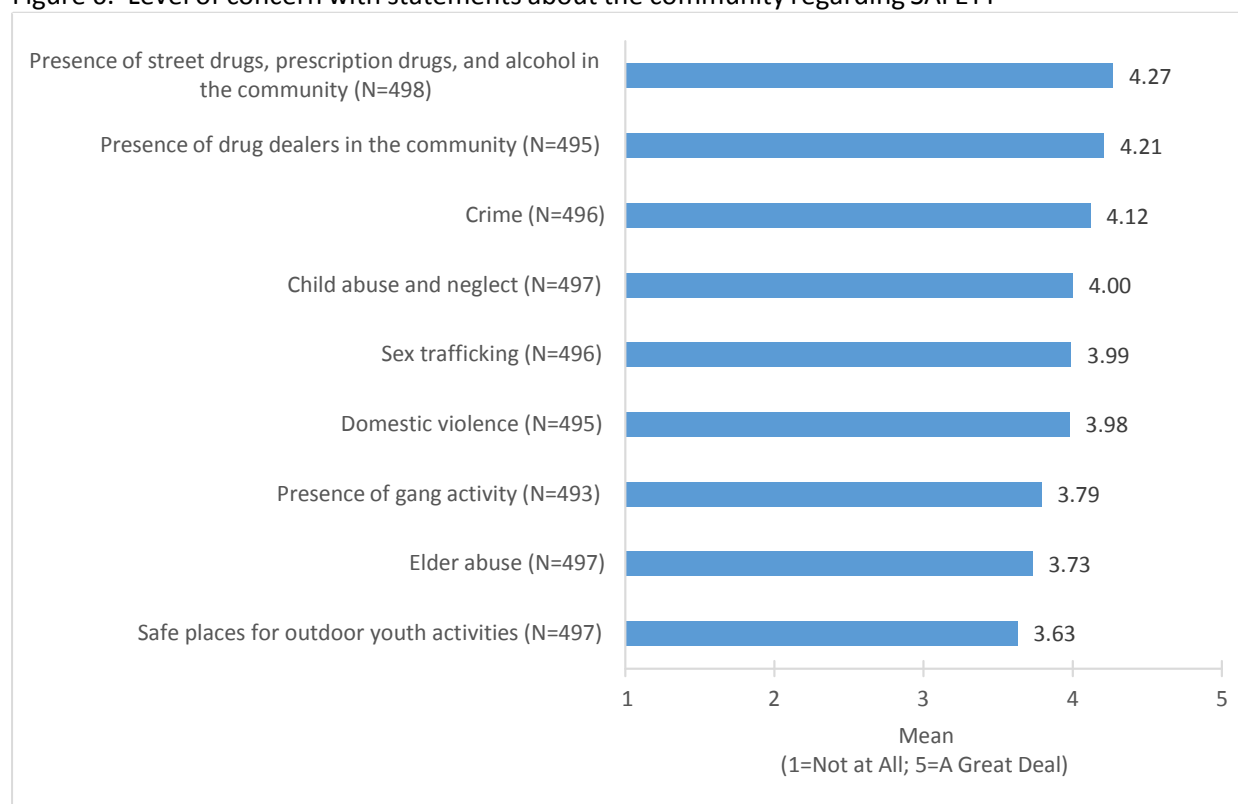
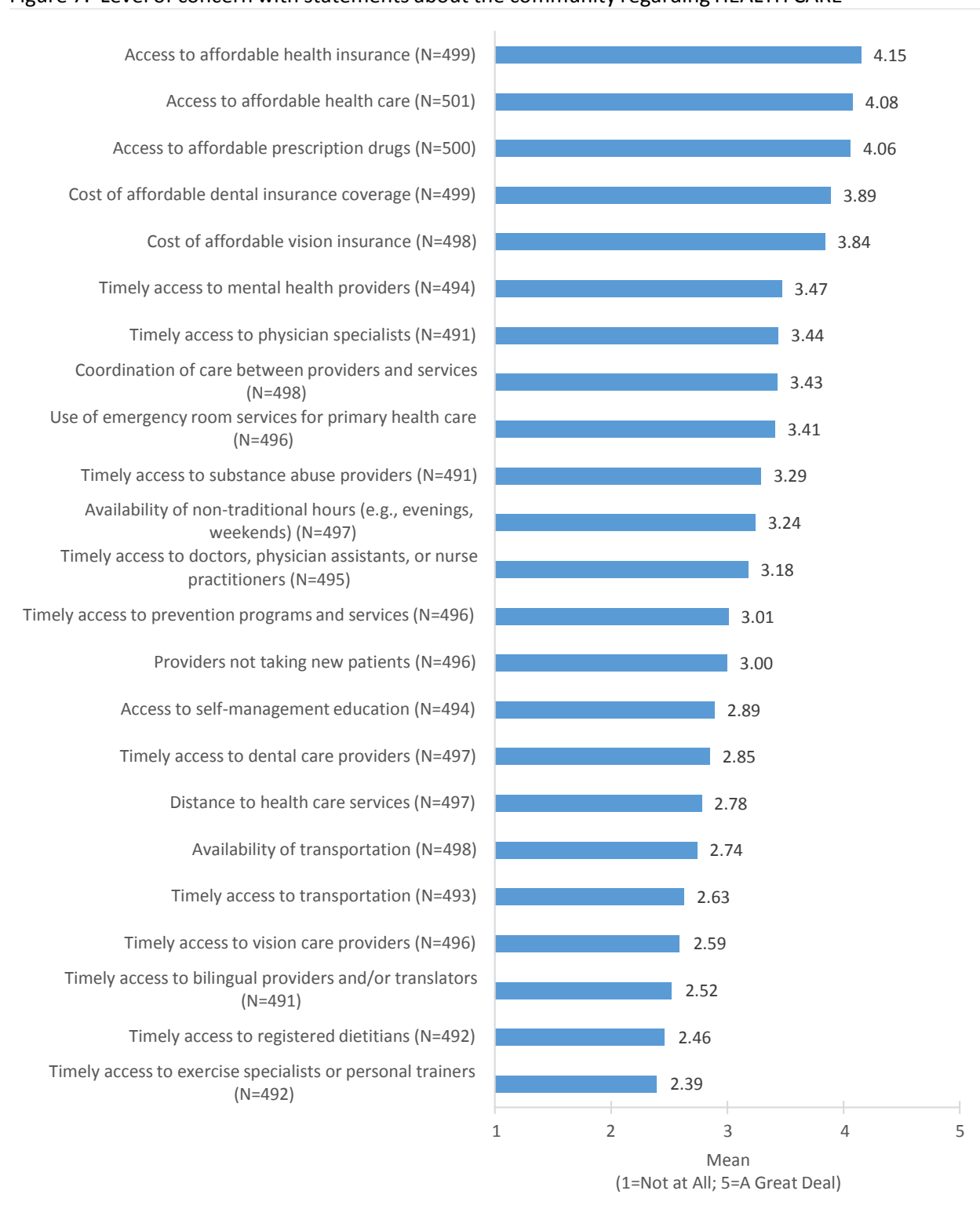
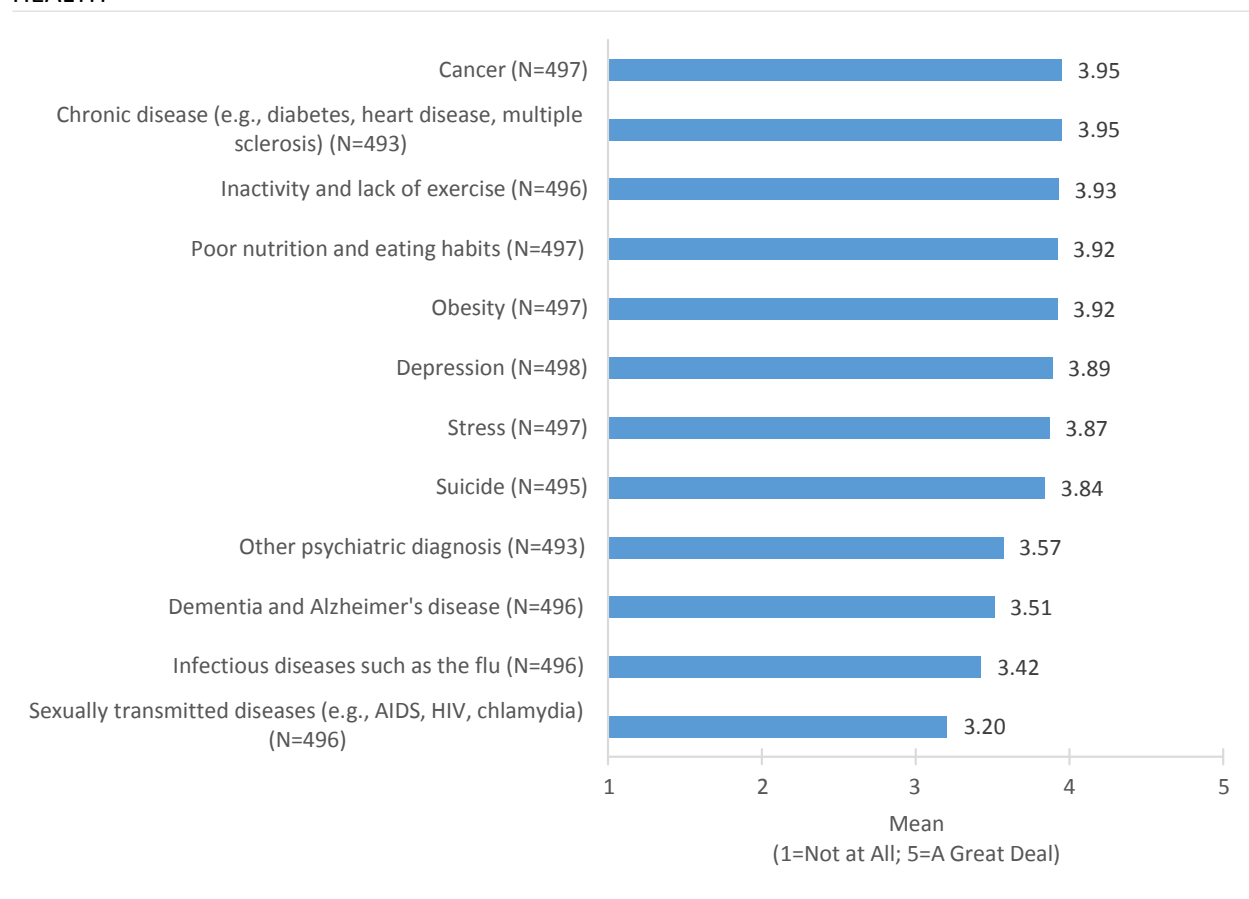


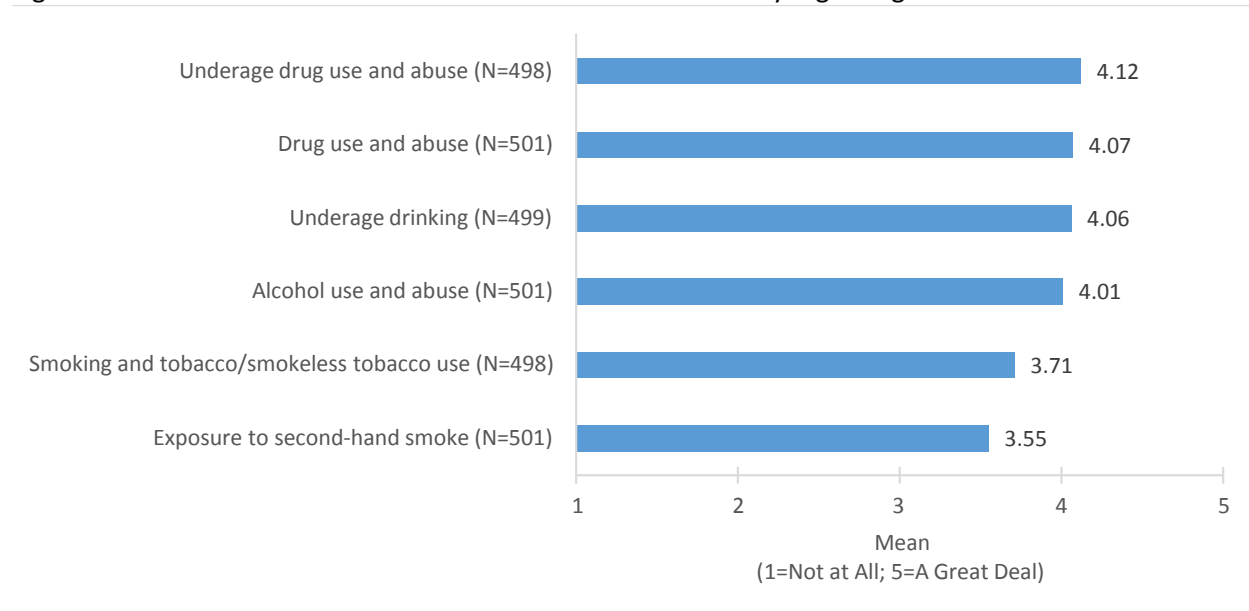
Figure 7. Level of concern with statements about the community regarding HEALTH CARE



**Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH**



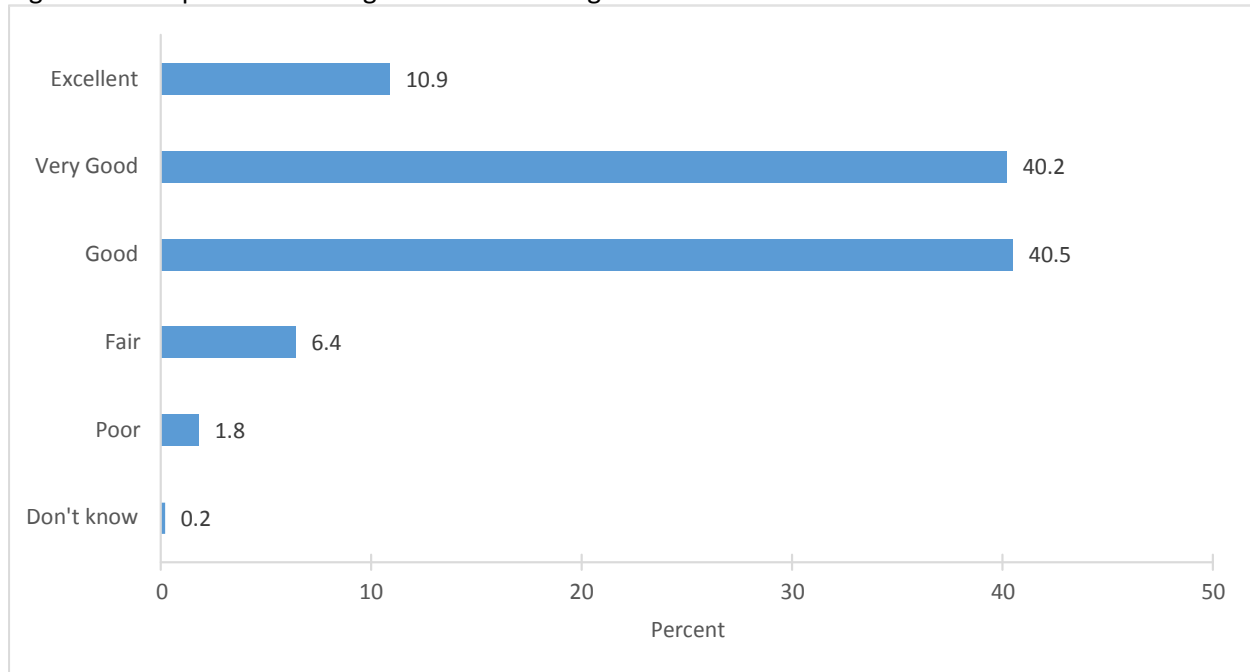
**Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE**





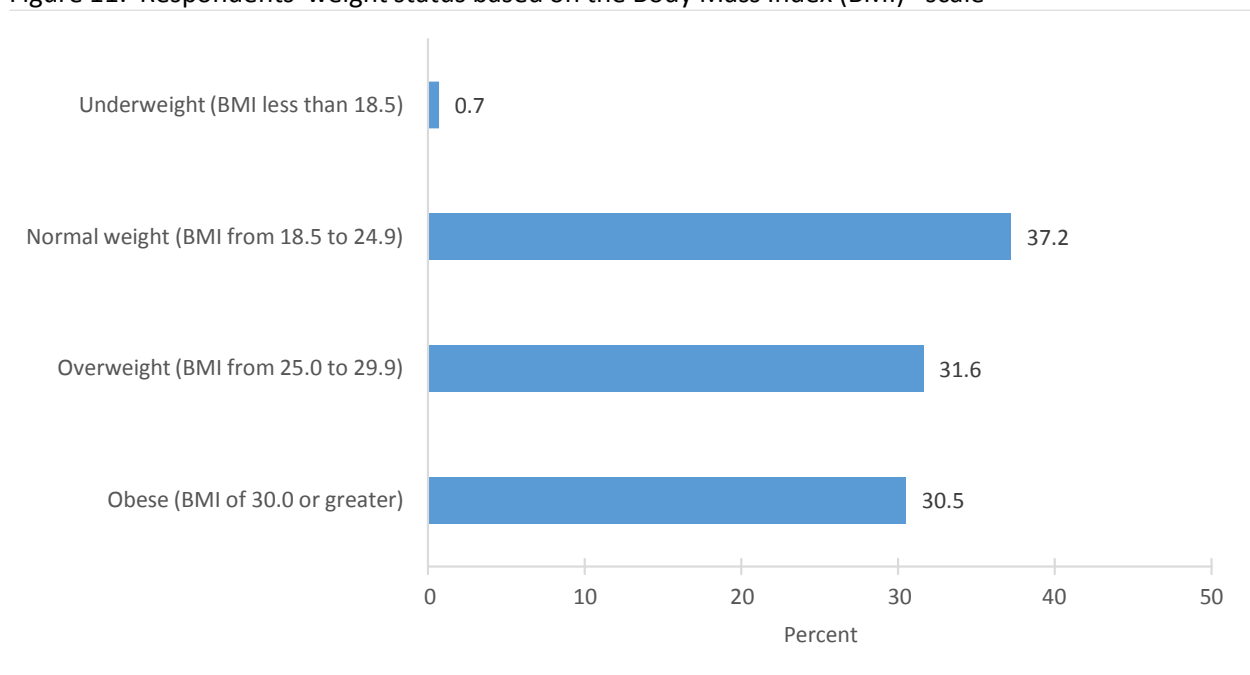
## General Health

Figure 10. Respondents' rating of their health in general



N=487

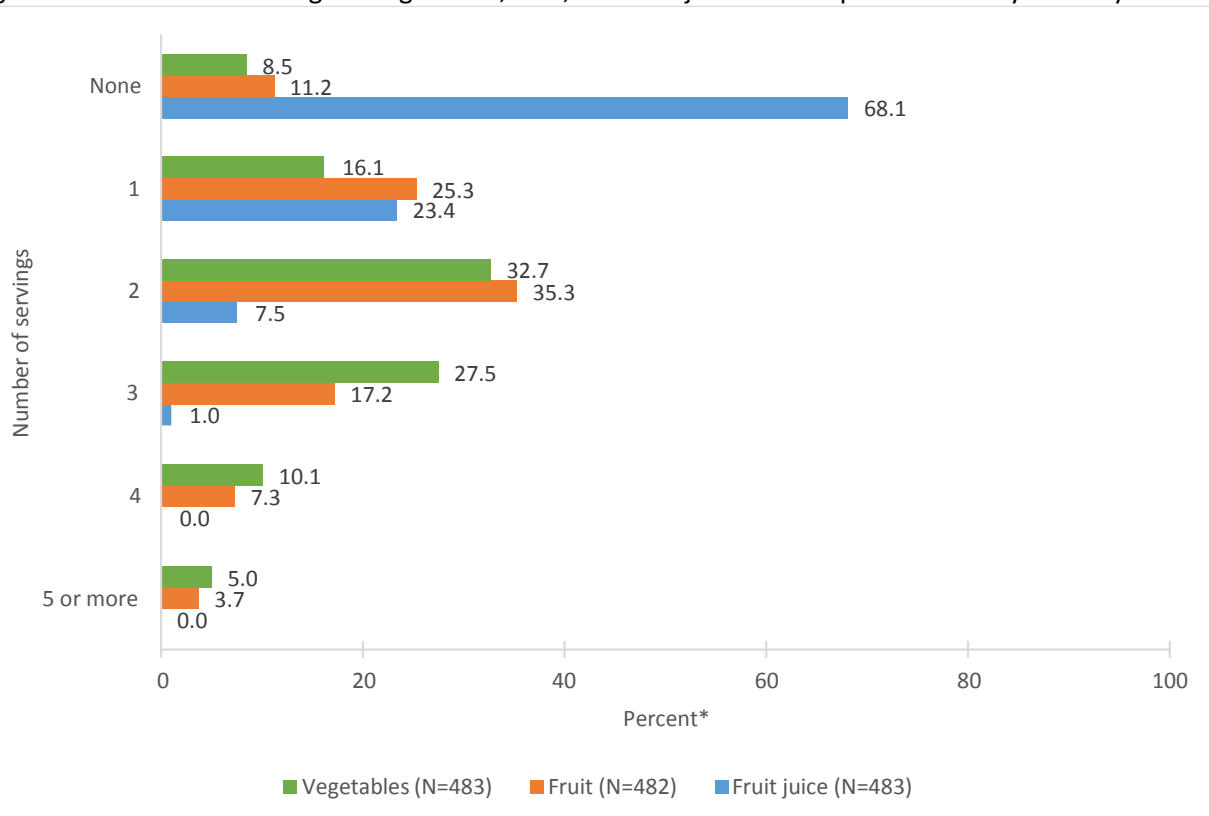
Figure 11. Respondents' weight status based on the Body Mass Index (BMI)\* scale



N=443

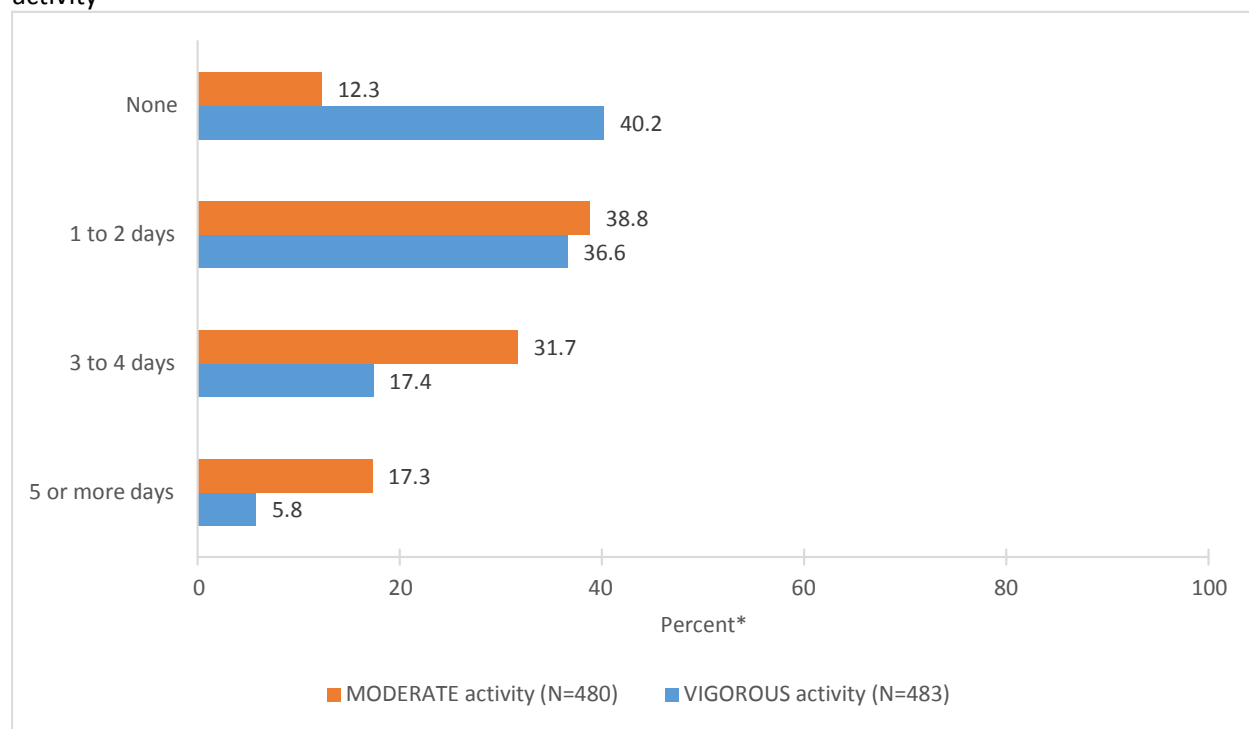
\*For information about the BMI, visit the Centers for Disease Control and Prevention, *About BMI for Adults*, [http://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/](http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/)

Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday



\*Percentages may not total 100.0 due to rounding.

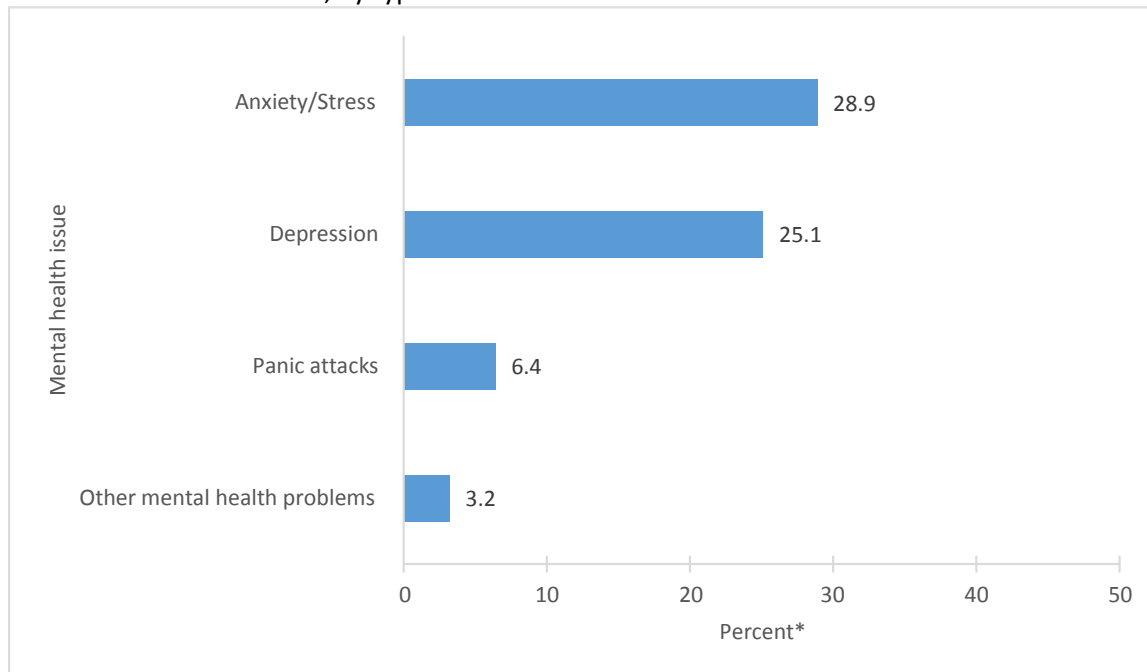
Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



\*Percentages may not total 100.0 due to rounding.

## Mental Health

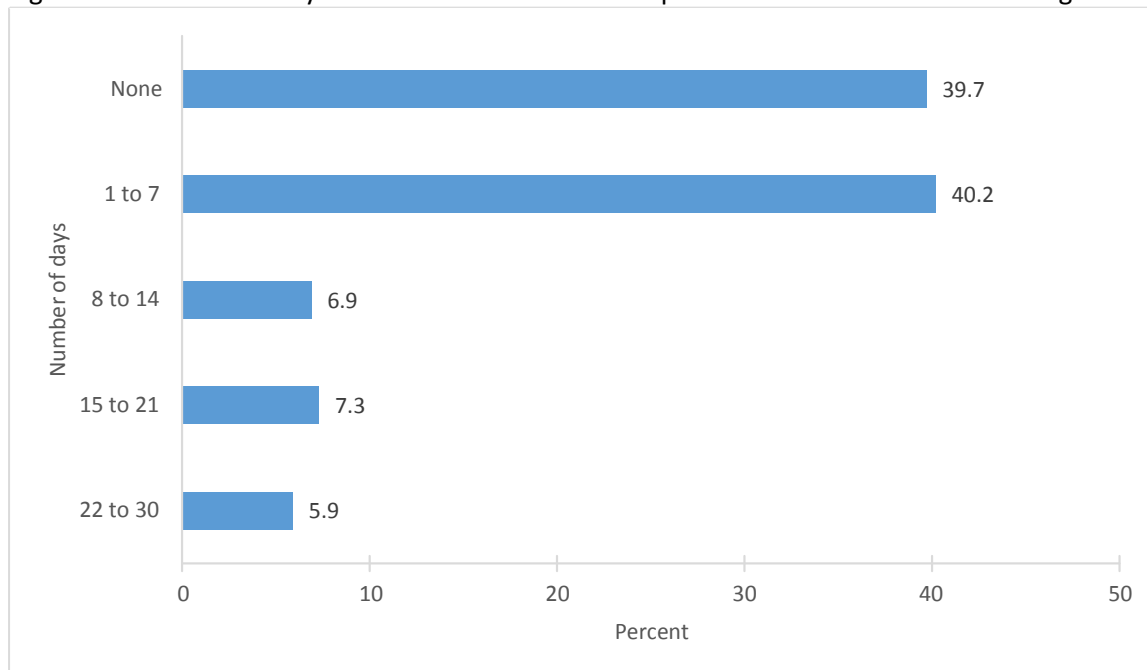
Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



N=502

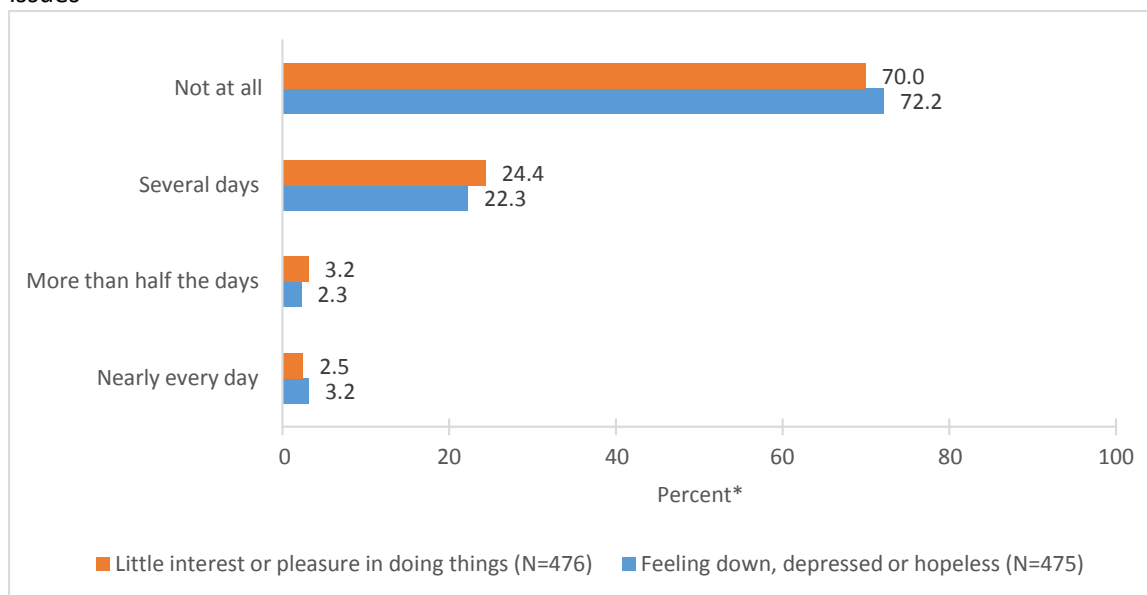
\*Percentages do not total 100.0 due to multiple responses.

Figure 15. Number of days in the last month where respondents' mental health was not good



N=423

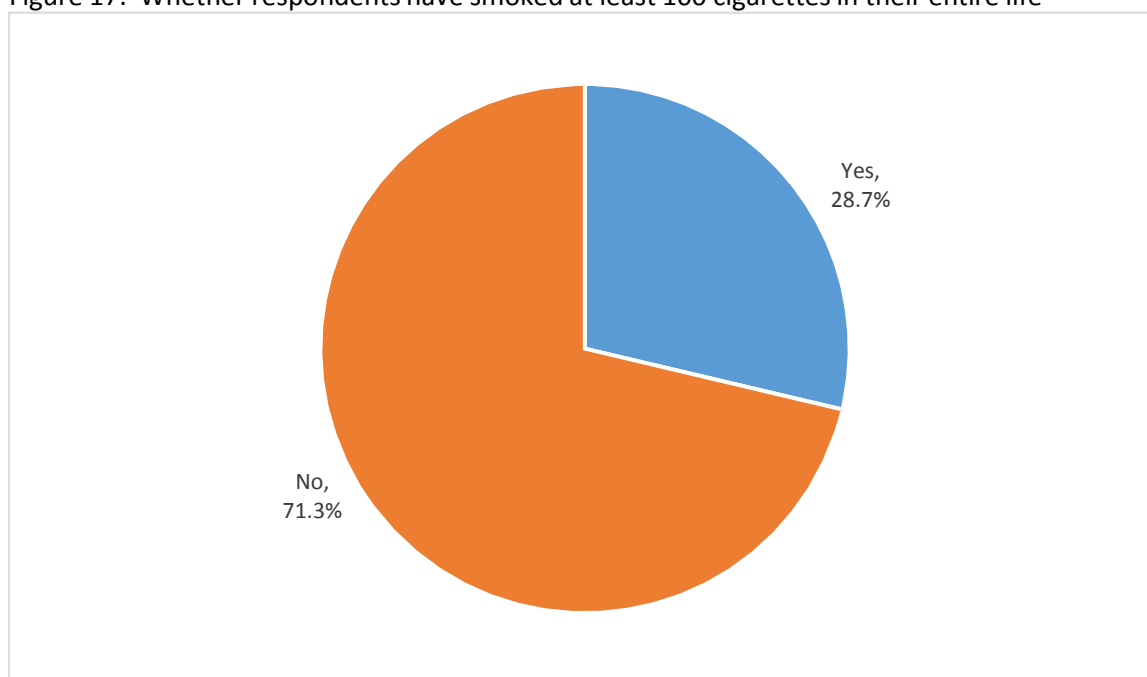
Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues



\*Percentages may not total 100.0 due to rounding.

## Tobacco Use

Figure 17. Whether respondents have smoked at least 100 cigarettes in their entire life



N=480

Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff

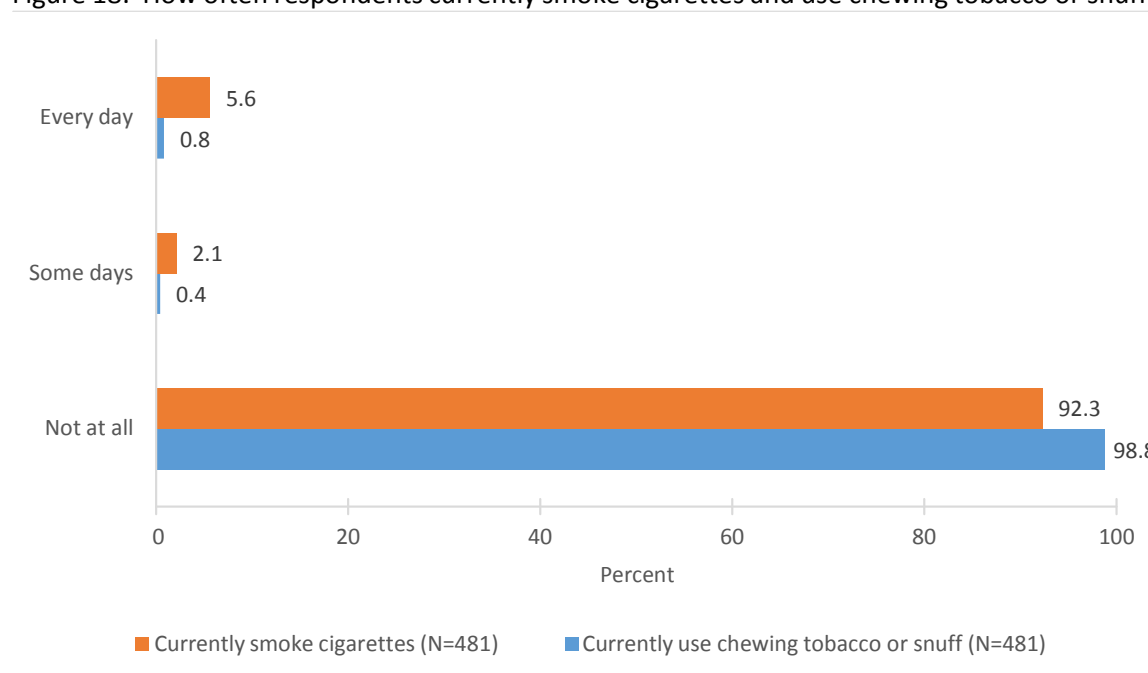
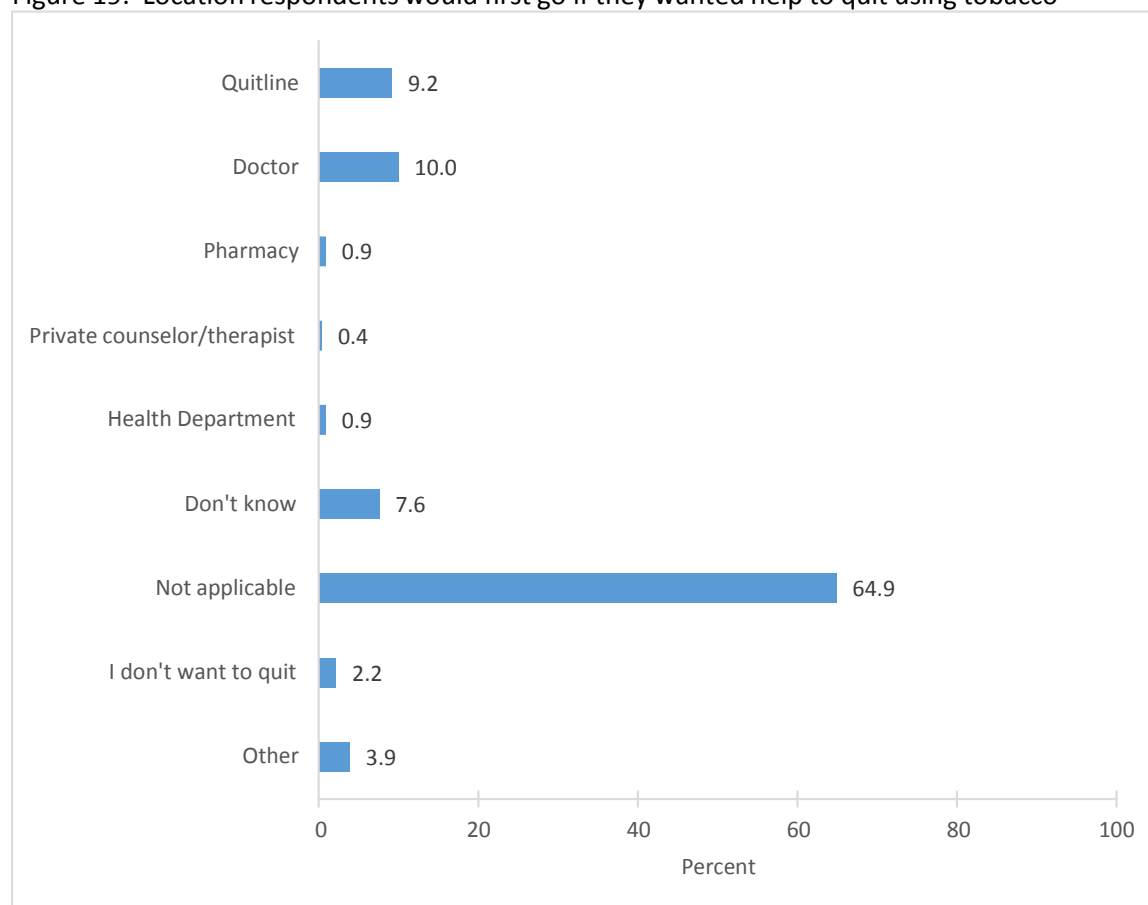


Figure 19. Location respondents would first go if they wanted help to quit using tobacco

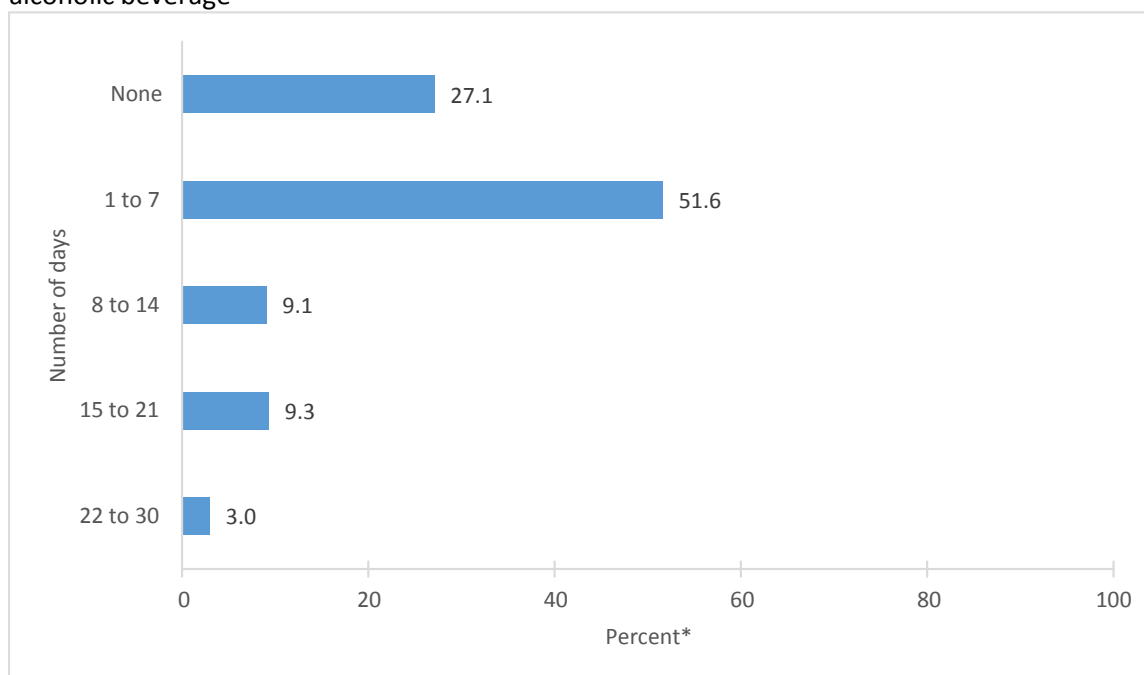


N=459



## Alcohol Use and Prescription Drug/Non-prescription Drug Abuse

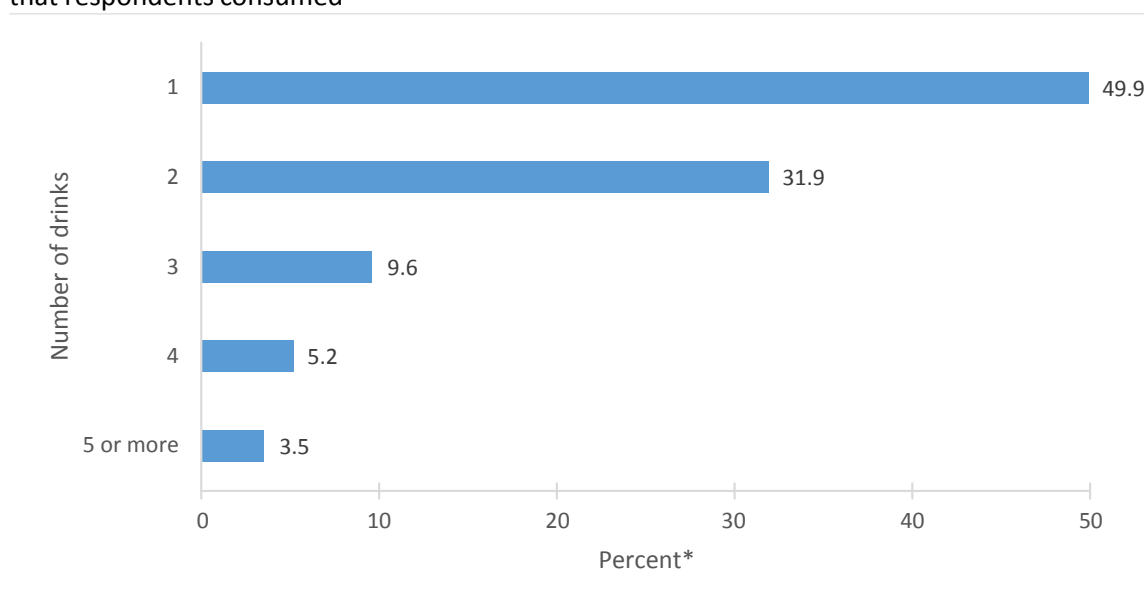
Figure 20. Number of days during the past 30 days that respondents had at least one drink of any alcoholic beverage



N=473

\*Percentages do not total 100.0 due to rounding.

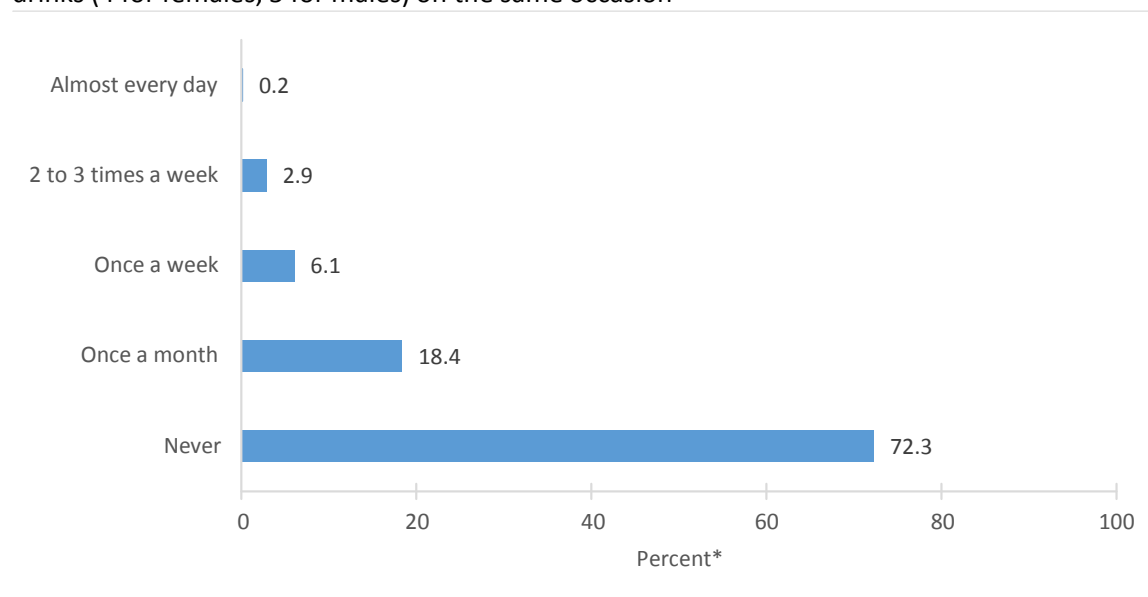
Figure 21. During the past 30 days on days that respondents drank, average number of drinks per day that respondents consumed



N=345

\*Percentages do not total 100.0 due to rounding.

Figure 22. Number of times during the past 30 days that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



N=477

\*Percentages do not total 100.0 due to rounding.

Figure 23. Whether respondents have ever had a problem with alcohol use or used prescription medication in ways other than they were prescribed

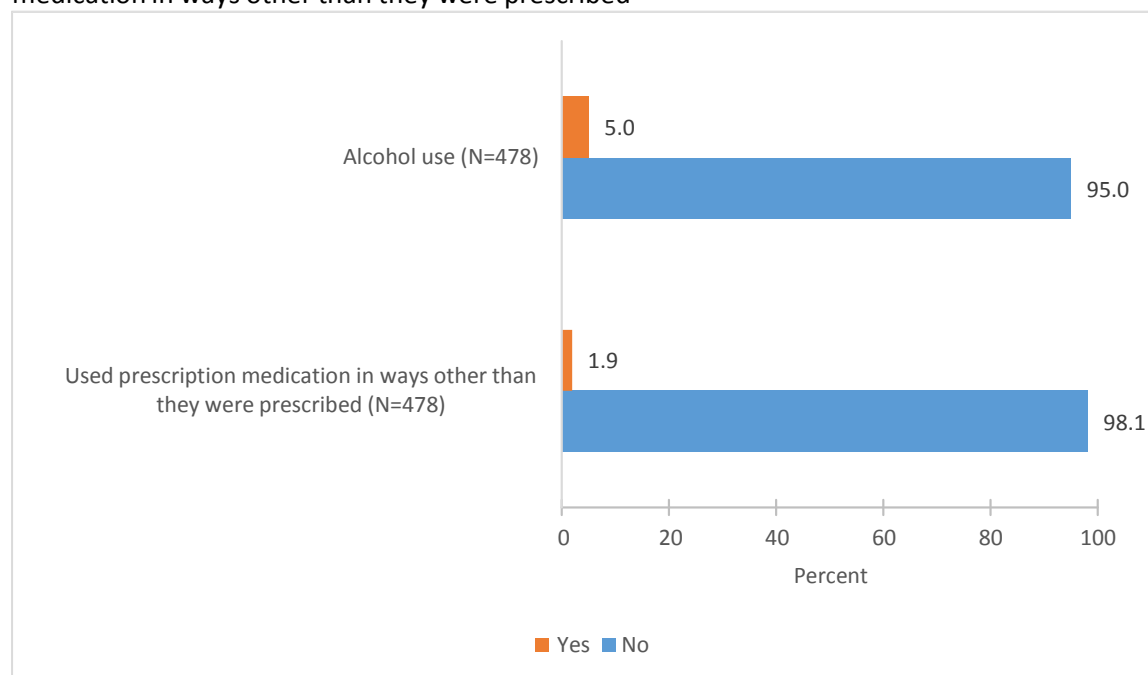
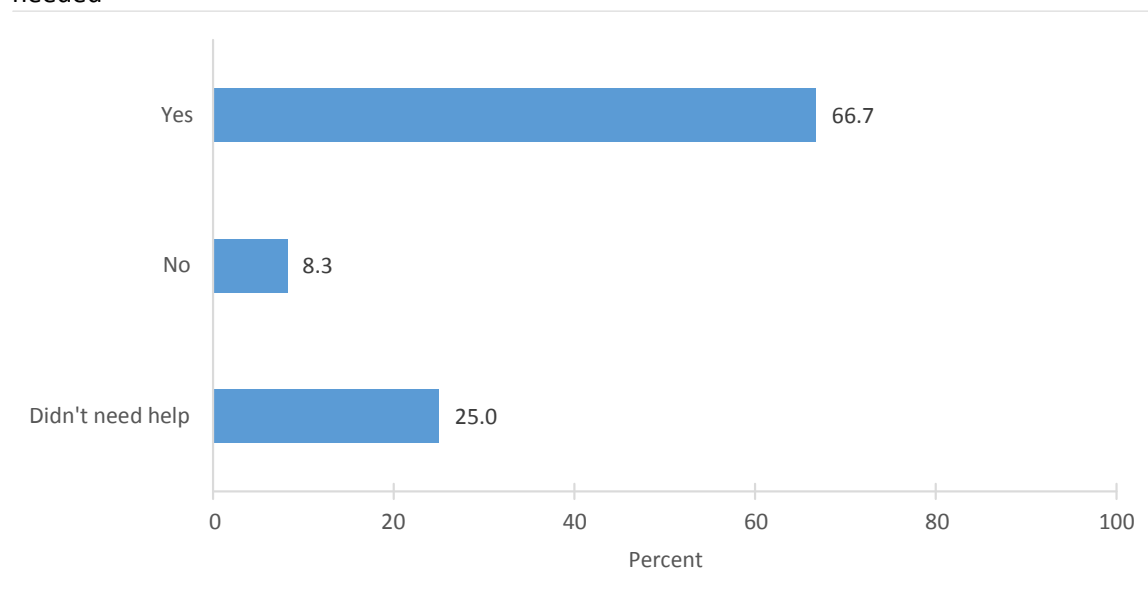
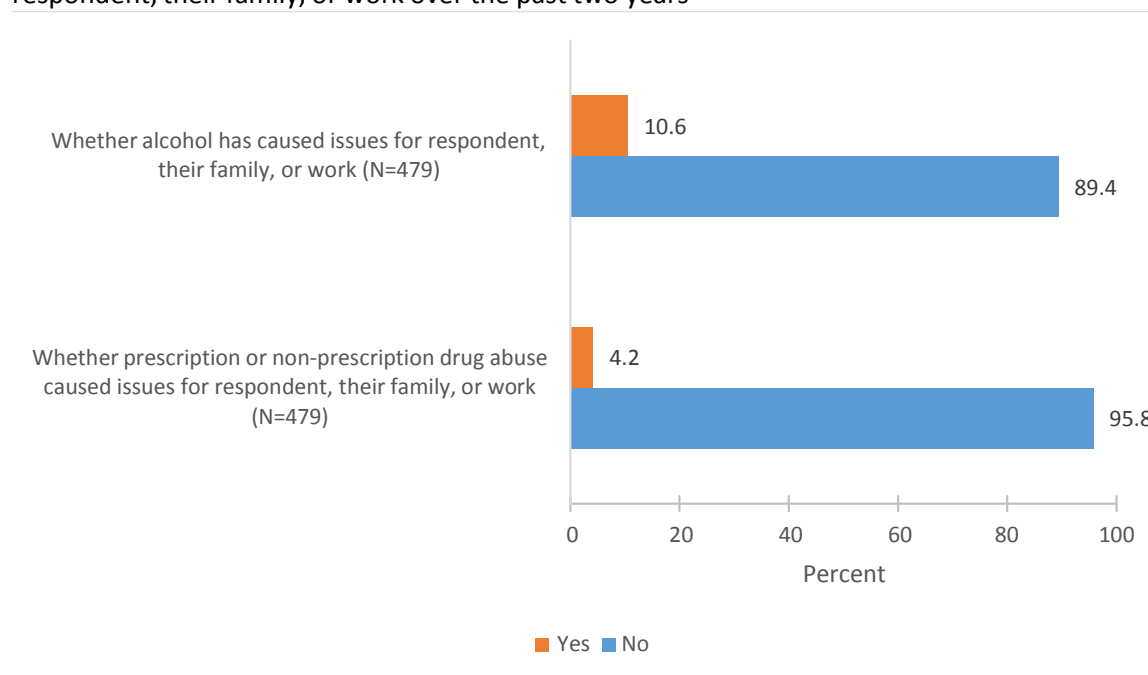


Figure 24. Of respondents who had ever had a problem with alcohol use whether they got the help they needed



N=24

Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has caused issues for respondent, their family, or work over the past two years



## Preventive Health

Table 1. Whether or not respondents have had preventive screenings in the past year by type of screening

Type of screening	Percent of respondents		
	Yes	No	Total
<b>GENERAL SCREENINGS</b>			
Blood pressure screening (N=472)	90.0	10.0	100.0
Blood sugar screening (N=471)	69.0	31.0	100.0
Bone density test (N=465)	17.6	82.4	100.0
Cardiovascular screening (N=469)	23.2	76.8	100.0
Cholesterol screening (N=471)	64.3	35.7	100.0
Dental screening and X-rays (N=471)	83.4	16.6	100.0
Flu shot (N=471)	79.4	20.6	100.0
Glaucoma test (N=471)	47.3	52.7	100.0
Hearing screening (N=468)	12.4	87.6	100.0
Immunizations (N=465)	22.8	77.2	100.0
Pelvic exam (N=402 Females)	70.6	29.4	100.0
STD (N=468)	13.2	86.8	100.0
Vascular screening (N=466)	5.8	94.2	100.0
<b>CANCER SCREENINGS</b>			
Breast cancer screening (N=396 Females)	63.6	36.4	100.0
Cervical cancer screening (N=395 Females)	68.1	31.9	100.0
Colorectal cancer screening (N=460)	22.8	77.2	100.0
Prostate cancer screening (N=58 Males)	34.5	65.5	100.0
Skin cancer screening (N=458)	24.5	75.5	100.0

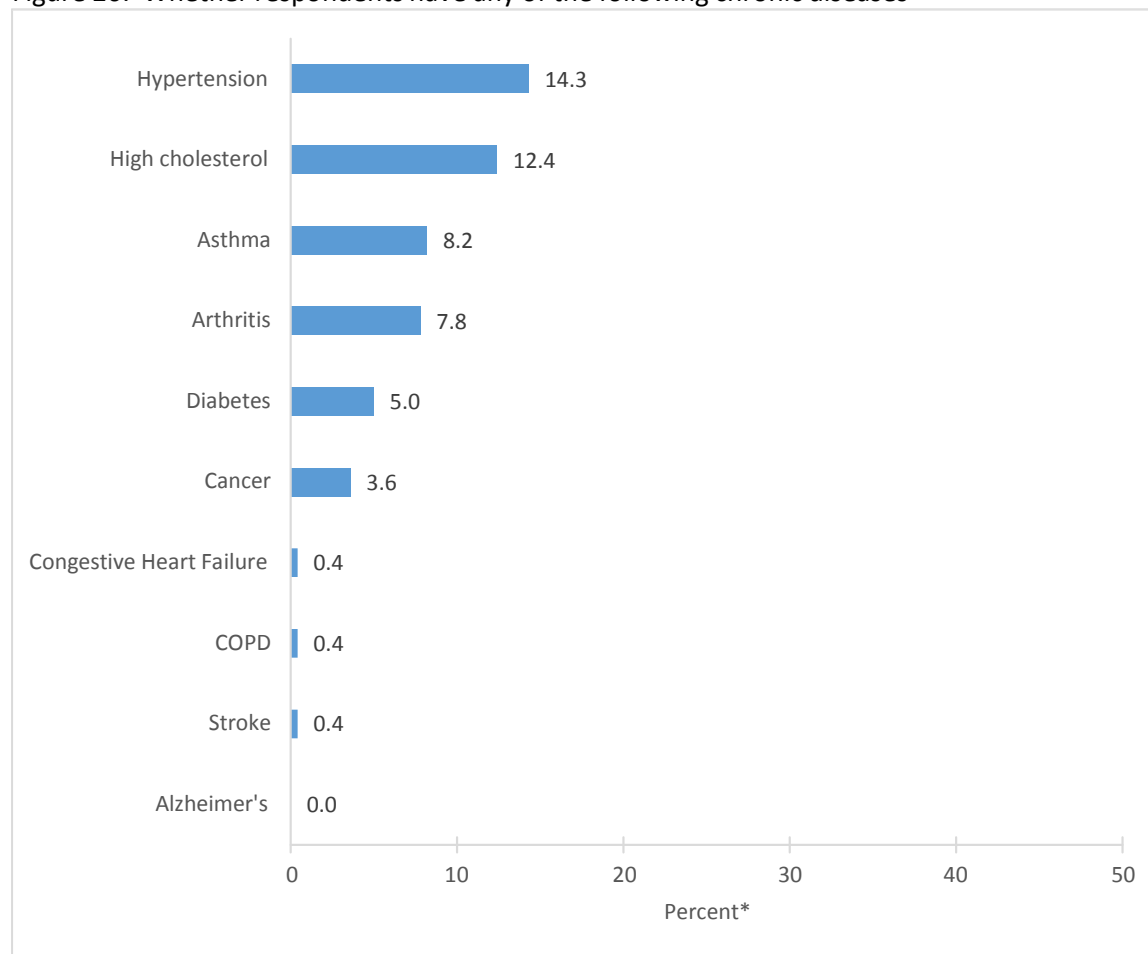
Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not by type of screening

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
<b>GENERAL SCREENINGS</b>							
Blood pressure screening (N=47)	53.2	21.3	12.8	0.0	2.1	0.0	8.5
Blood sugar screening (N=146)	46.6	38.4	6.8	0.0	1.4	0.0	6.2
Bone density test (N=383)	45.2	41.5	6.3	0.0	0.5	0.0	3.9
Cardiovascular screening (N=360)	42.2	43.6	6.1	0.6	1.1	0.0	3.3
Cholesterol screening (N=168)	39.3	38.1	7.1	0.0	1.8	0.0	7.1
Dental screening and X-rays (N=78)	25.6	3.8	30.8	7.7	2.6	3.8	12.8
Flu shot (N=97)	39.2	3.1	4.1	1.0	4.1	1.0	43.3
Glaucoma test (N=248)	49.6	29.8	4.8	0.4	0.8	0.4	7.3
Hearing screening (N=410)	56.1	29.0	3.4	0.0	0.2	0.5	4.4
Immunizations (N=359)	66.3	17.8	1.9	0.3	0.3	0.3	3.6
Pelvic exam (N=118 Females)	35.6	20.3	9.3	1.7	0.8	0.0	21.2
STD (N=406)	73.4	13.8	2.0	0.2	0.2	0.0	4.2

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
Vascular screening (N=439)	50.6	37.4	2.7	0.0	0.2	0.0	3.6
<b>CANCER SCREENINGS</b>							
Breast cancer screening (N=144 Females)	59.0	12.5	11.1	1.4	1.4	0.0	17.4
Cervical cancer screening (N=126 females)	42.9	15.9	12.7	1.6	0.8	0.0	26.2
Colorectal cancer screening (N=355)	63.9	22.8	4.5	2.3	0.6	0.0	6.8
Prostate cancer screening (N=38 Males)	65.8	23.7	0.0	5.3	0.0	0.0	5.3
Skin cancer screening (N=346)	35.3	46.5	6.4	0.3	1.2	0.3	8.7

\*Percentages may not total 100.0 due to multiple responses.

Figure 26. Whether respondents have any of the following chronic diseases

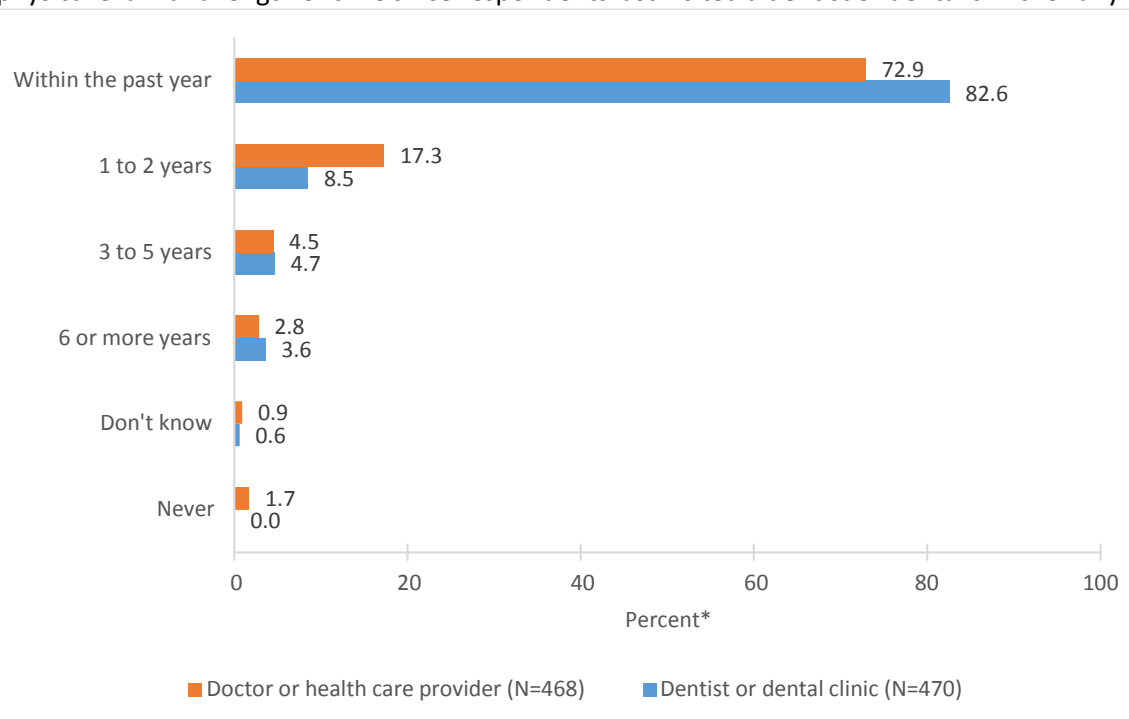


N=502

\*Percentages do not total 100.0 due to multiple responses.

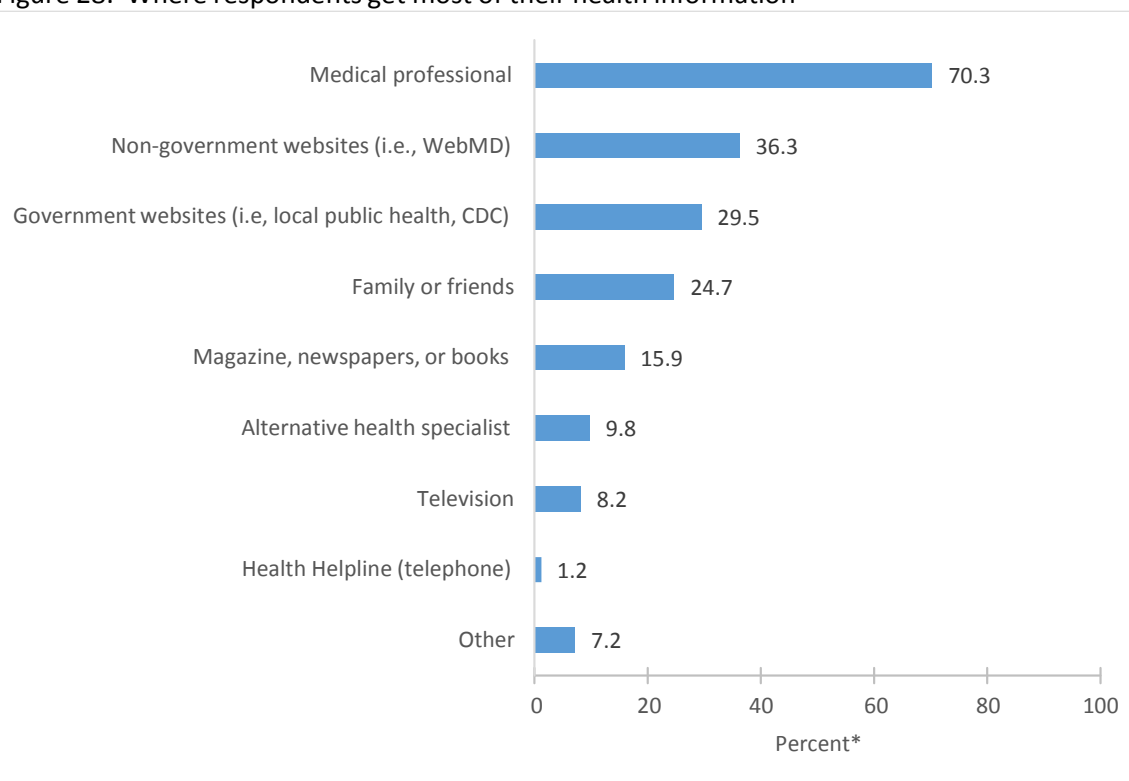


Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since respondents last visited a dentist or dental clinic for any reason



\*Percentages may not total 100.0 due to rounding.

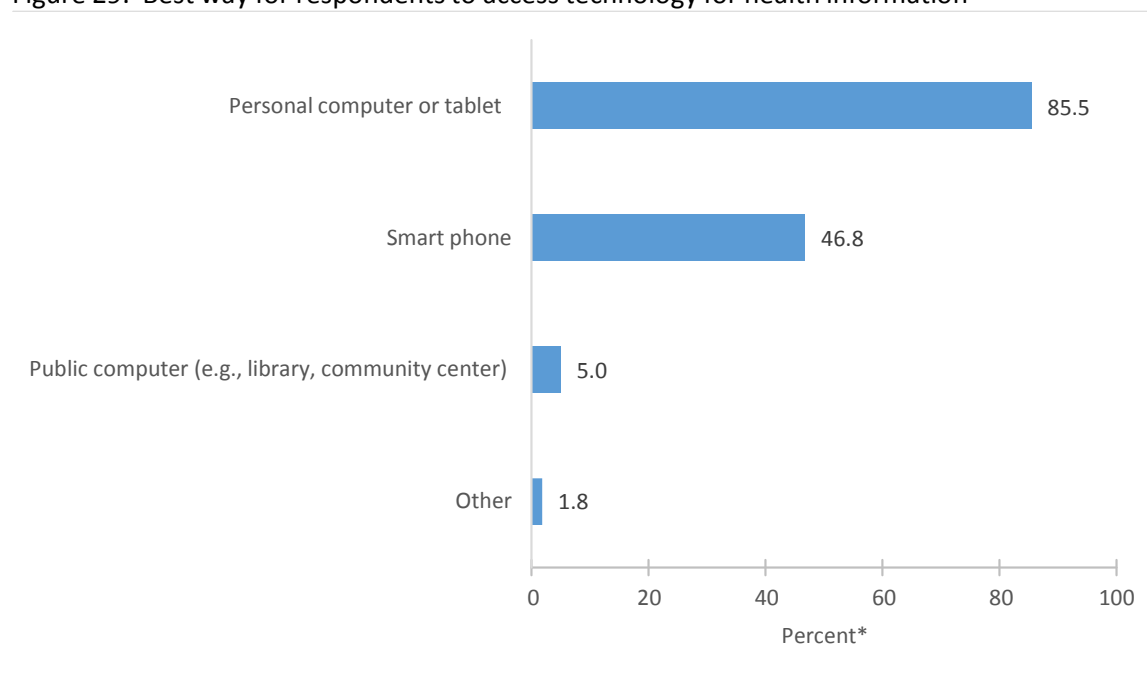
Figure 28. Where respondents get most of their health information



N=502

\*Percentages do not total 100.0 due to multiple responses.

Figure 29. Best way for respondents to access technology for health information

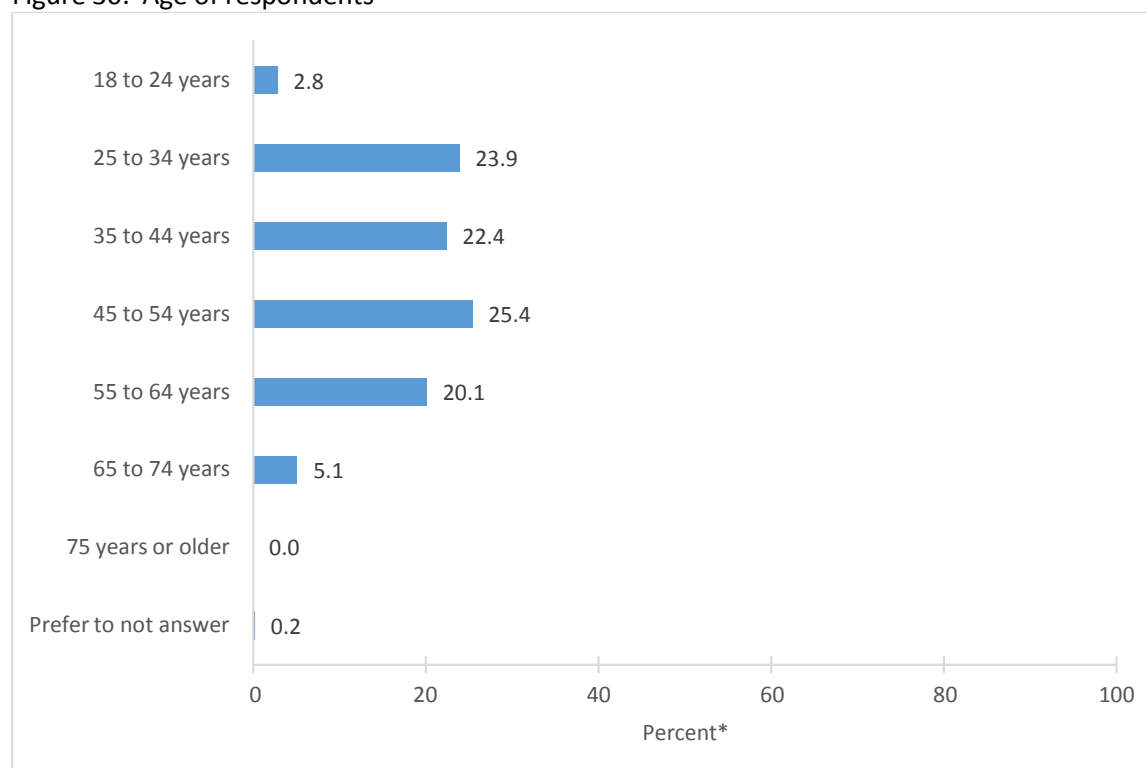


N=502

\*Percentages do not total 100.0 due to multiple responses.

## Demographic Information

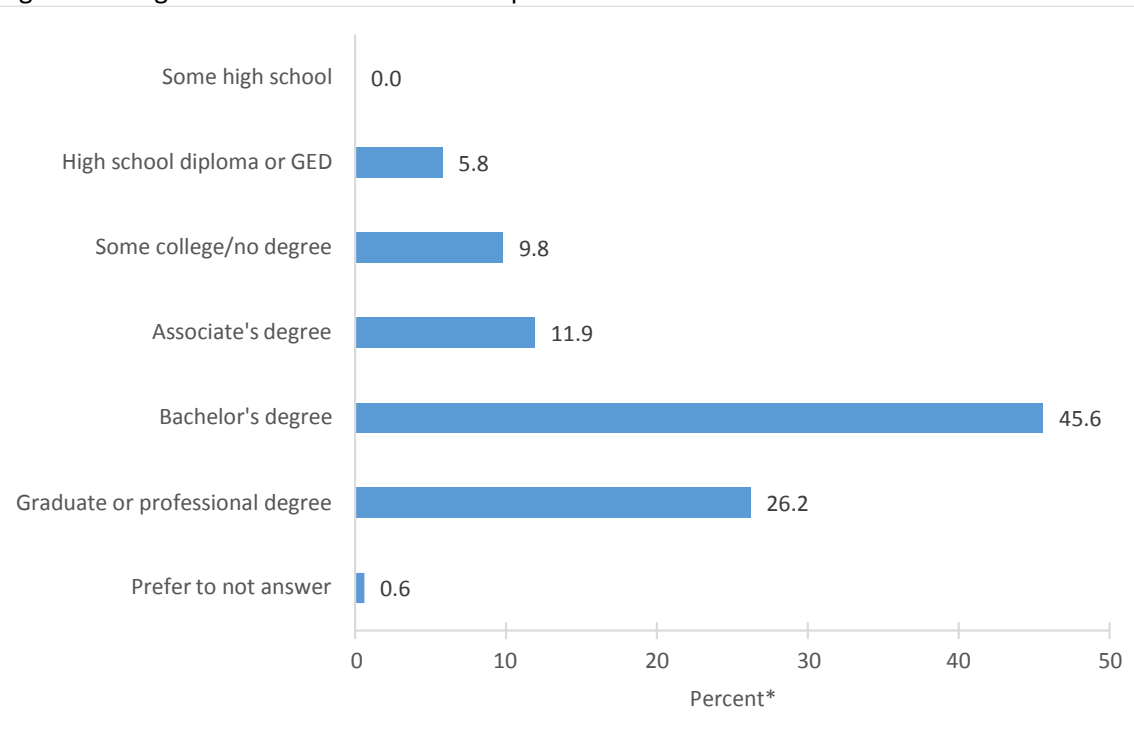
Figure 30. Age of respondents



N=468

\*Percentages do not total 100.0 due to rounding.

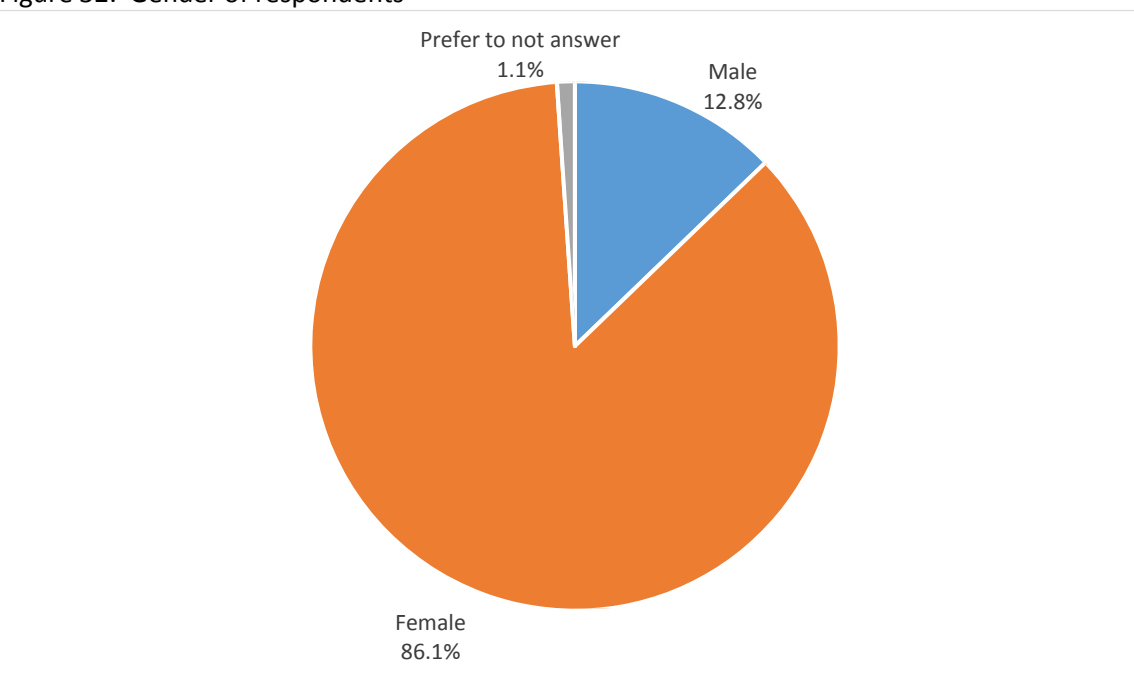
Figure 31. Highest level of education of respondents



N=469

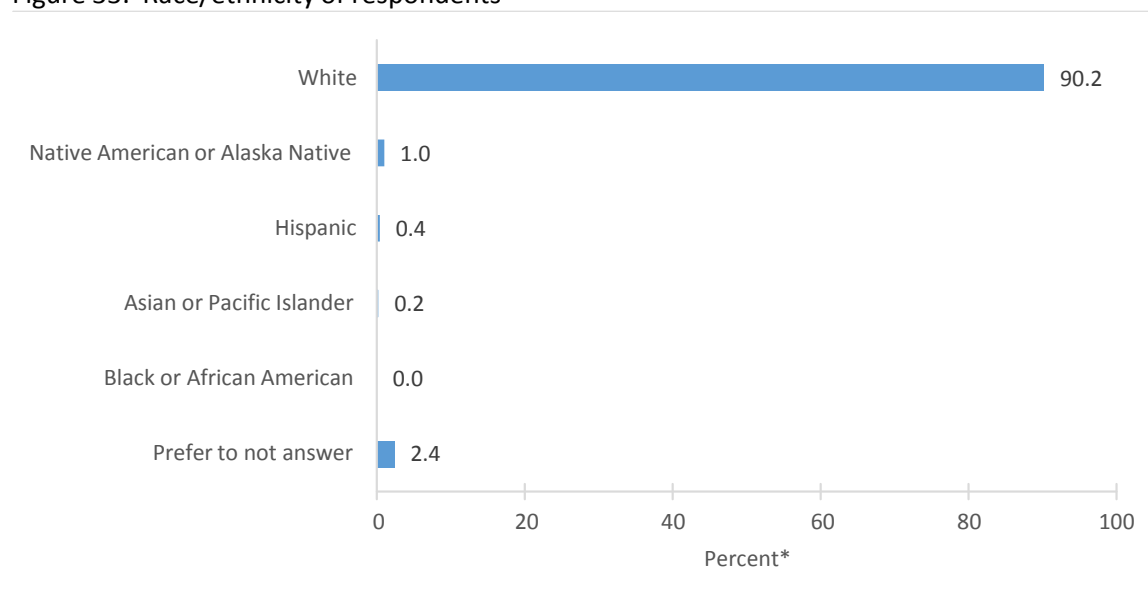
\*Percentages do not total 100.0 due to rounding.

Figure 32. Gender of respondents



N=467

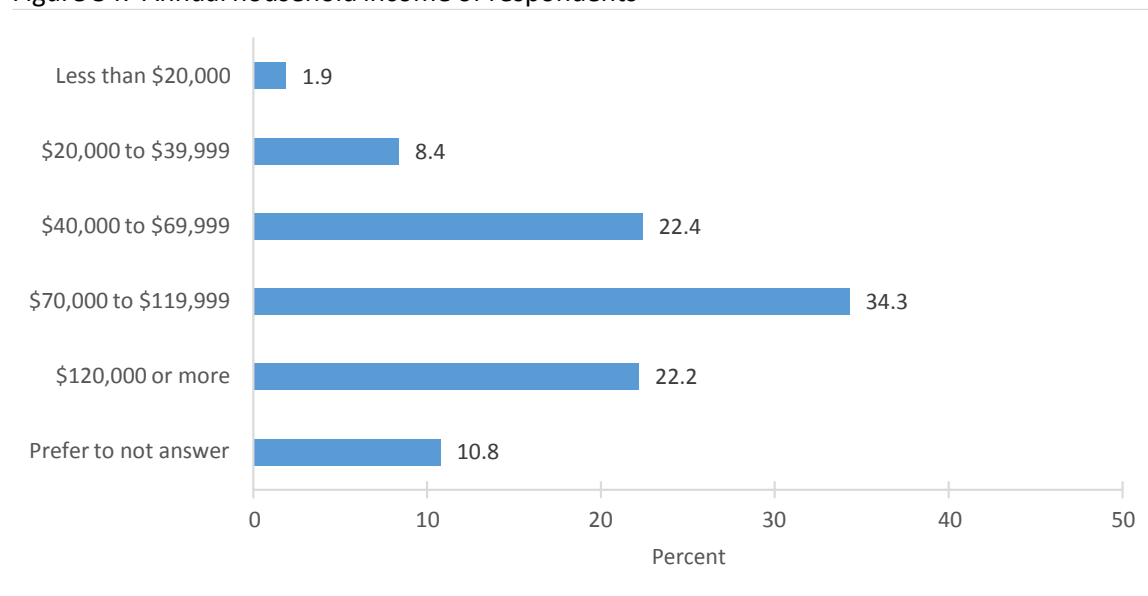
Figure 33. Race/ethnicity of respondents



N=502

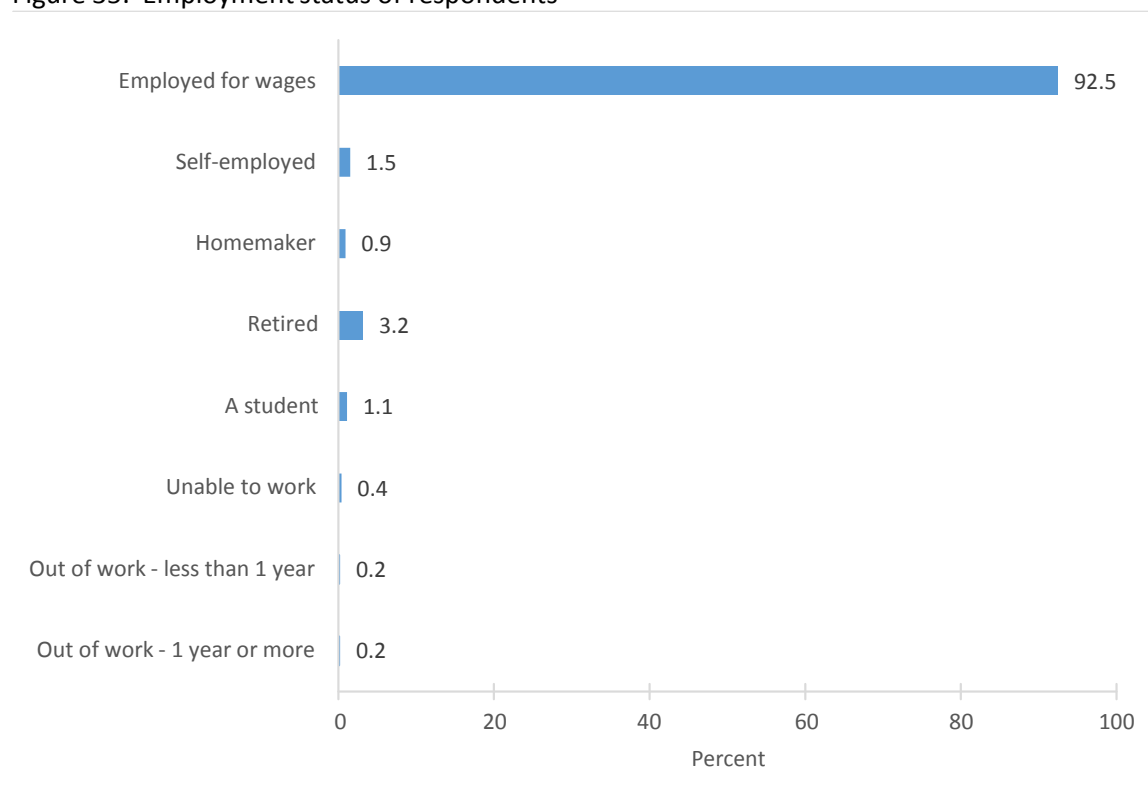
\*Percentages do not total 100.0 due to multiple responses.

Figure 34. Annual household income of respondents



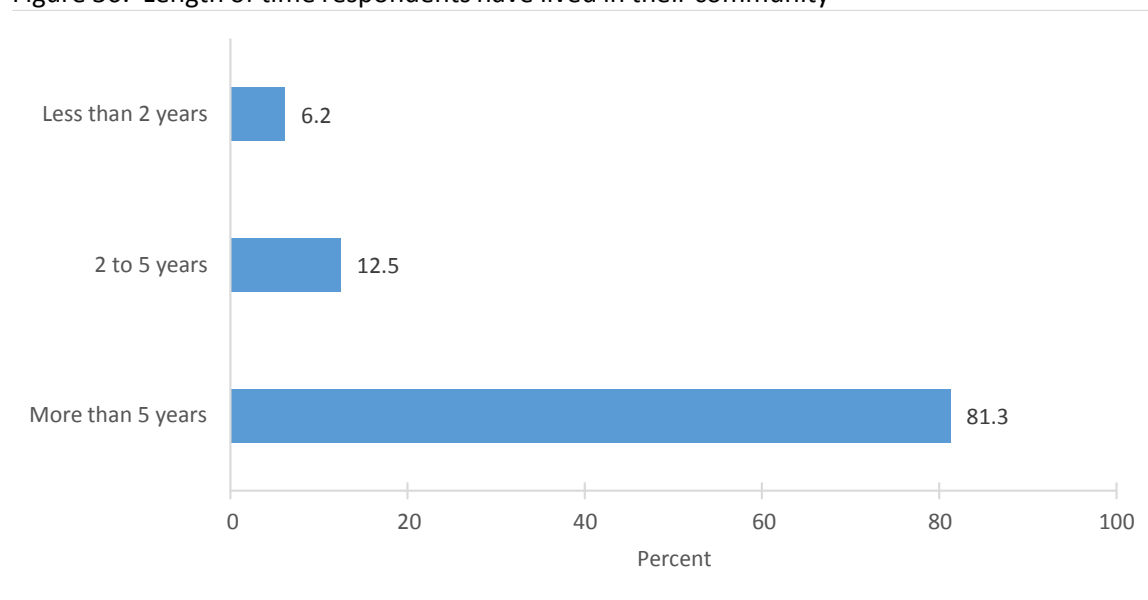
N=464

Figure 35. Employment status of respondents



N=467

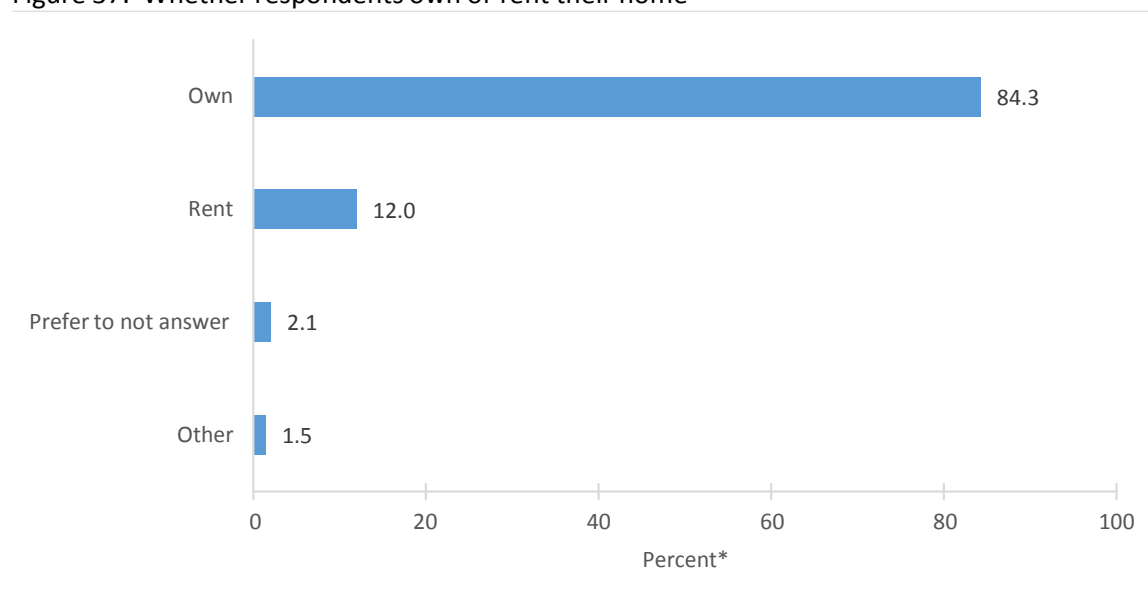
Figure 36. Length of time respondents have lived in their community



N=465



Figure 37. Whether respondents own or rent their home



N=466

\*Percentages do not total 100.0 due to rounding.

Figure 38. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care coverage

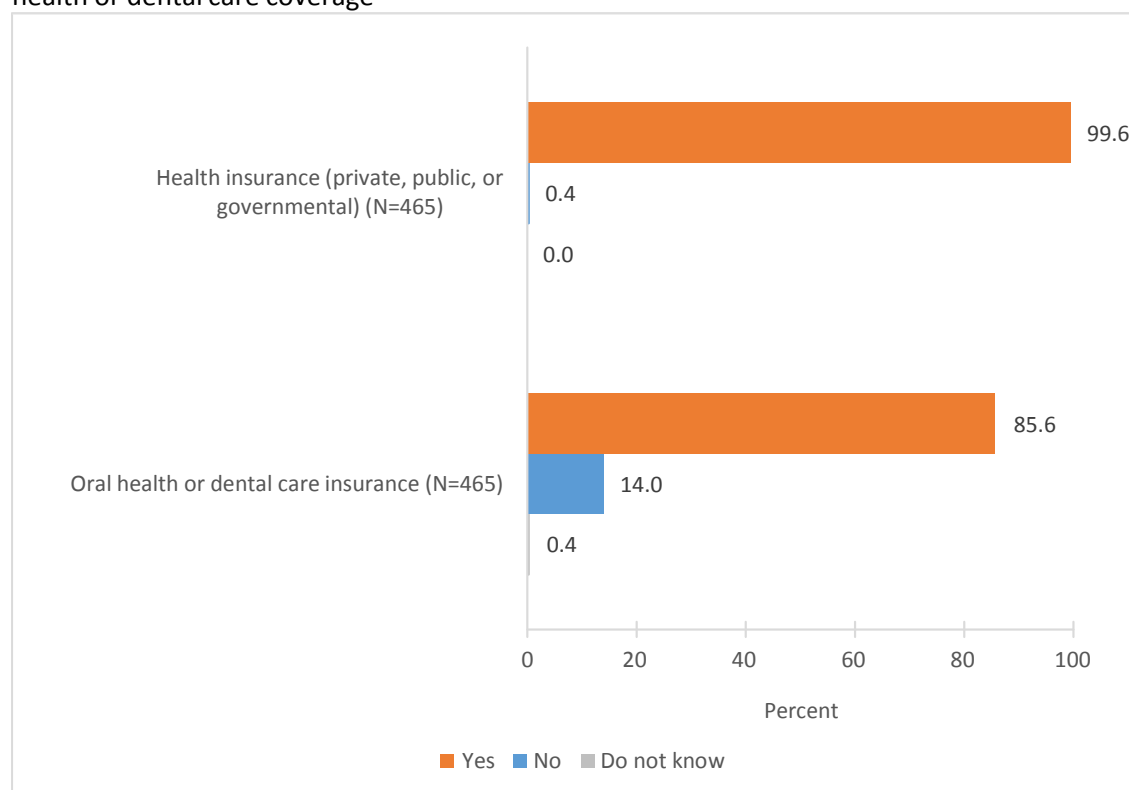
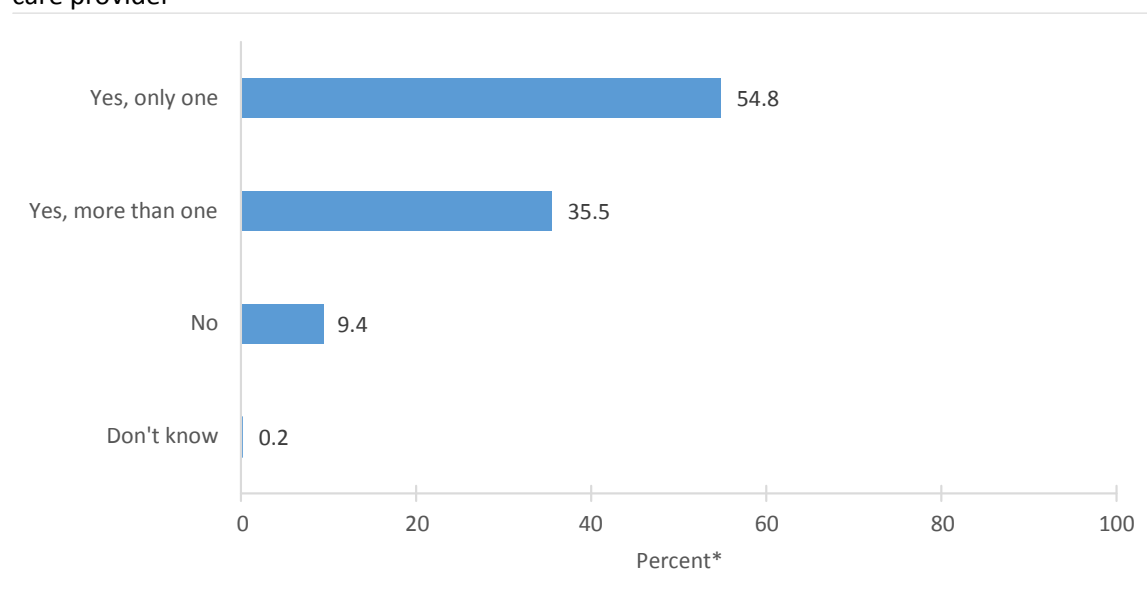


Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider



N=467

\*Percentages do not total 100.0 due to rounding.

Figure 40. Facilities that respondents go to most often when sick and take their children when they are sick

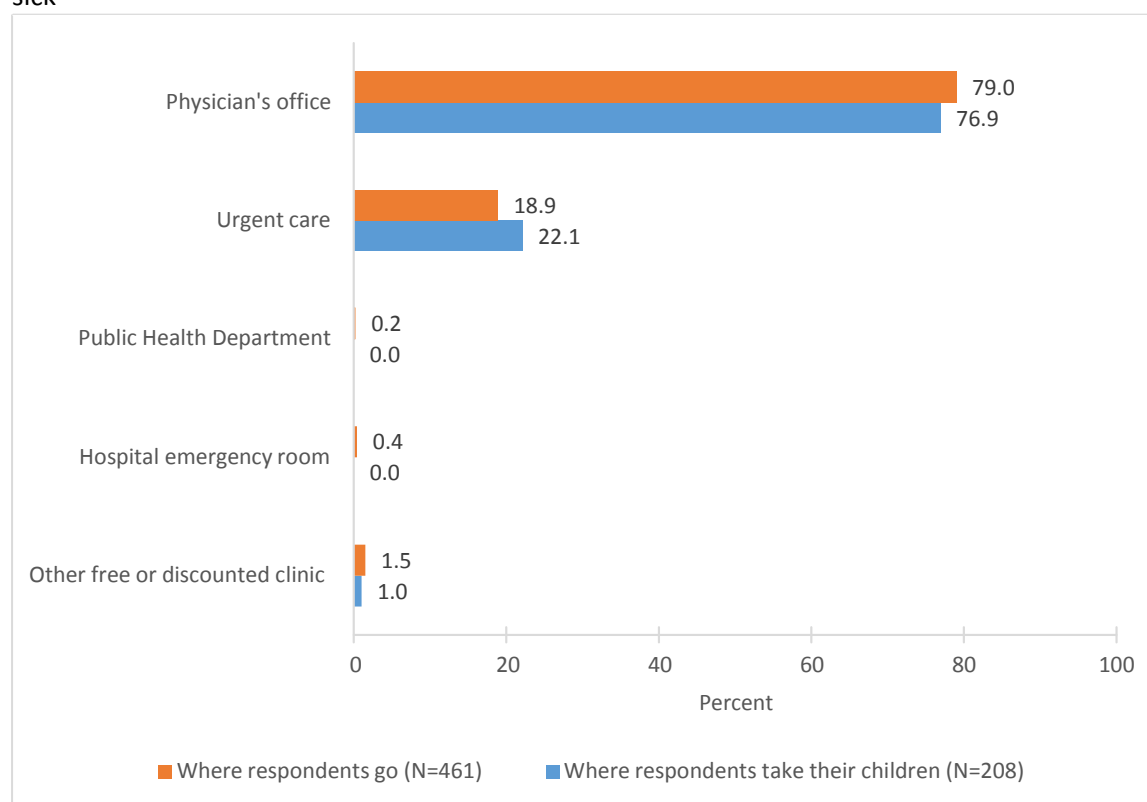
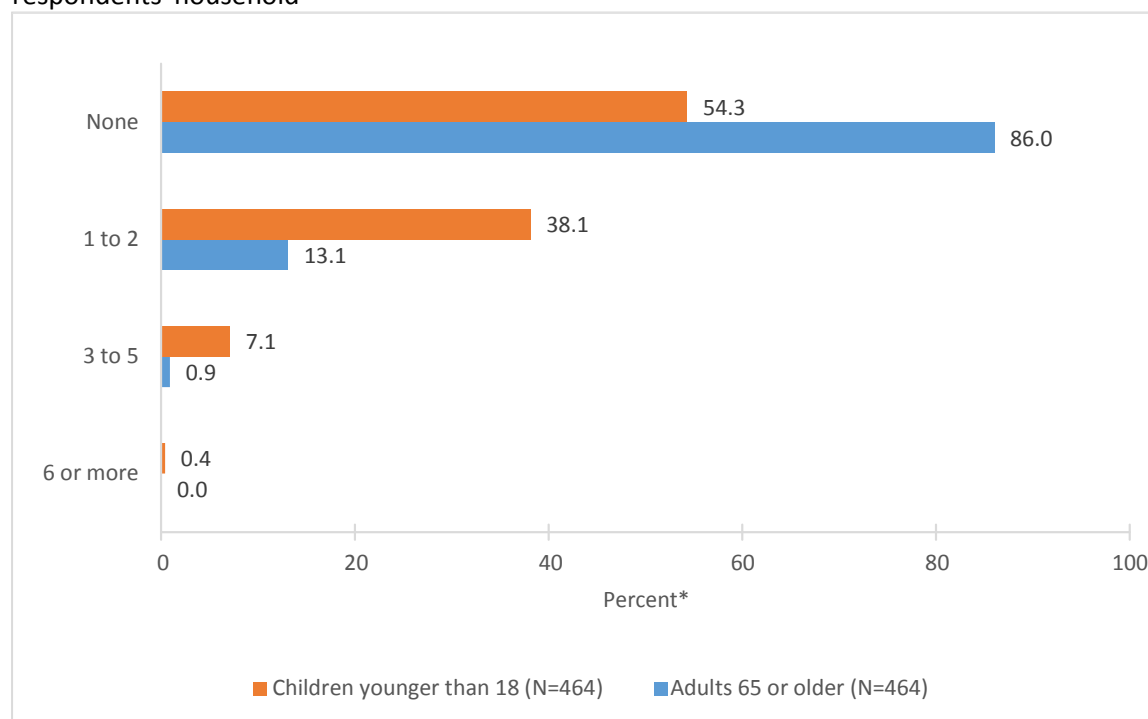
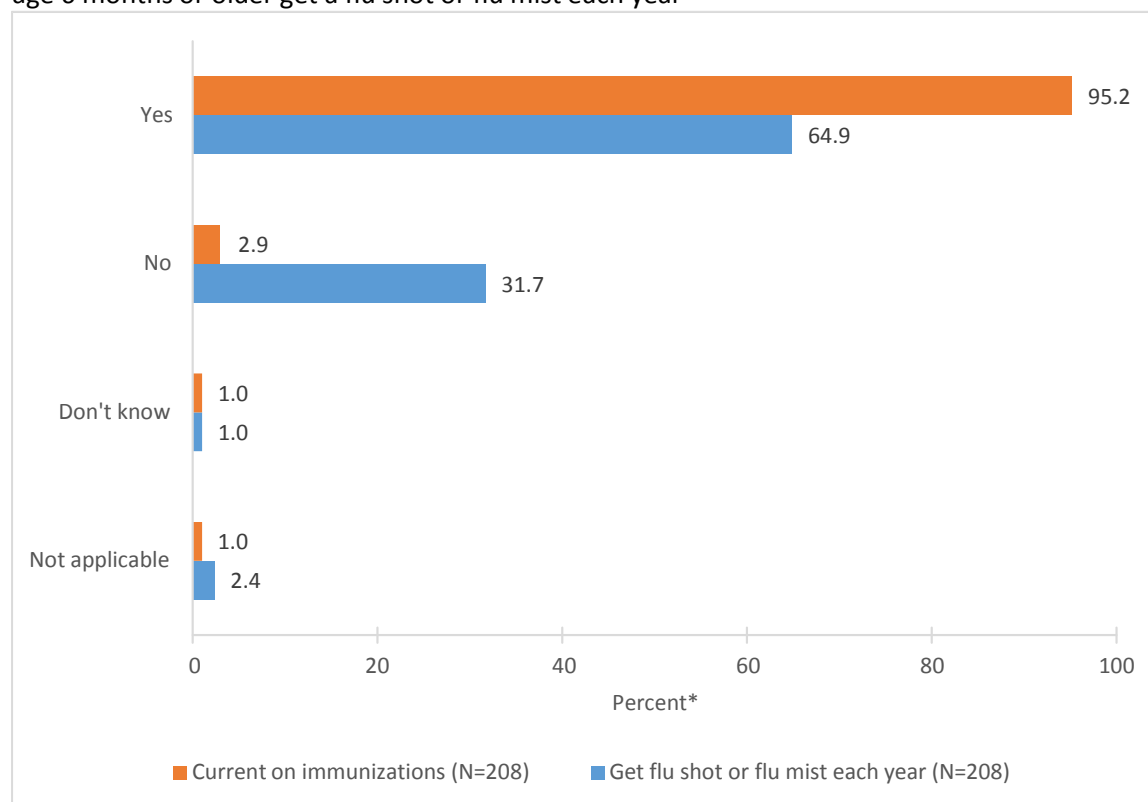


Figure 41. Number of children younger than 18 and number of adults age 65 or older living in respondents' household



\*Percentages may not total 100.0 due to rounding.

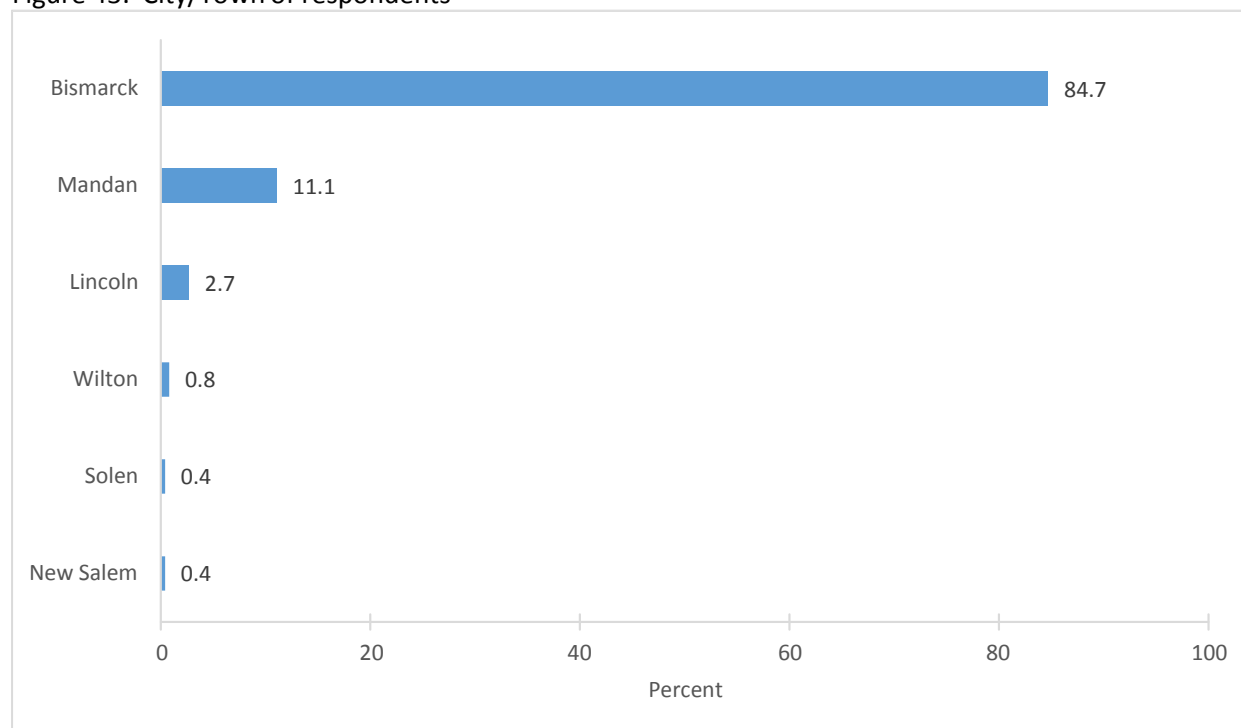
Figure 42. Of parents, whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year\*\*



\*Percentages may not total 100.0 due to rounding.

\*\*Of respondents who have children younger than 18 years of age living in their household

Figure 43. City/Town of respondents



N=262

Table 3. Zip code of respondents

Zip Code	Number of respondents	Zip Code	Number of respondents
58503	148	52554	1
58501	118	58102	1
58504	95	58104	1
58554	76	58530	1
58558	3	58544	1
58563	3	58566	1
58579	3	58570	1
58502	2	58631	1

# 2015 Burleigh-Morton Community Health Needs Assessment of Residents

**May 2015**

Results from a March 2015 generalizable survey of community residents in the Bismarck-Mandan Metropolitan Area including Burleigh and Morton counties in North Dakota

Conducted through a partnership between the Community Health Collaborative and the Center for Social Research at North Dakota State University

**CSR**

Center for Social Research  
North Dakota State University  
[www.ndsu.edu/csr](http://www.ndsu.edu/csr)

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# INTRODUCTION

The purpose of this generalizable survey of residents in the greater Bismarck-Mandan area (i.e., Burleigh and Morton counties in North Dakota) was to learn about the perceptions of area residents regarding their personal health, the prevalence of disease, and other health issues in their community.

## Study Design and Methodology

A generalizable survey was conducted of residents in Burleigh County and Morton County, North Dakota. The survey instrument was developed in partnership with members of the Community Health Needs Collaborative (CHNC) and the Center for Social Research (CSR) at North Dakota State University (NDSU).

Members of the CHNA consortium designed the cover letter. Elements of informed consent were included in the letter ensuring that the NDSU Institutional Review Board requirements were met and the protection of human subjects maintained.

The survey instrument was designed as a scannable 8-page mail survey containing 55 questions. The questions focused on general community concerns, community health and wellness concerns, personal health, preventive health, and demographic characteristics.

The sample was a stratified random sample, drawn through a qualified vendor, to ensure that appropriate proportions from each of the two counties were included. A total of 1,500 records including names, addresses, and a few demographic indicators were drawn.

Residents listed in the sample were first mailed an introductory postcard briefly explaining the project and notifying them that a survey packet would be arriving in their mail. Survey packets, which contained the scannable survey instrument and a return envelope, were mailed three days after the introductory postcards; 2 percent of the packets were returned as undeliverable. A reminder postcard, containing a link to an online version of the survey, was mailed to non-responders approximately 10 days after the initial survey was mailed. A total of 392 paper surveys were returned for scanning and an additional five surveys were completed online for a total of 397. It was apparent that elderly and male respondents were overrepresented in the scanned results. Therefore, post-stratification weights were used to ensure proper representation of the population with respect to age and gender. Respondents who did not enter a gender and age response were eliminated from the analyses. A total of 378 surveys were analyzed providing a generalizable sample with a confidence level of 95 percent and an error rate of plus or minus 5.2 percentage points.

## Limitations of the Study

When comparing demographic characteristics of the sample with the current population estimates from the U.S. Census Bureau<sup>1</sup>, it was apparent the sample was skewed toward elderly residents. Communication devices (i.e., cell phones vs. land line telephones) are becoming increasingly problematic when trying to reach younger populations. Literature reviews indicate that there are nonresponse and coverage issues among younger respondents<sup>2</sup>. In particular, response rates to health care and community health needs assessment surveys have often been found to be higher for older respondents, especially for mail surveys<sup>3</sup>.

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<sup>1</sup> U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2013. Released June 2014. Available from <http://www.census.gov/popest/>.

<sup>2</sup> Michael J. Stern, Ipek Bilgen, and Don Al Dillman. Field Methods 2014, Vol. 26(3) 284-301. The State of Survey Methodology: Challenges, Dilemmas, and New Frontiers in the Era of the Tailored Design.

<sup>3</sup> See for example: <http://www.mathematica-mpr.com/~media/publications/PDFs/internetmailsurvey.pdf>;  
<http://www.allied-services.org/wp-content/uploads/2013/06/CHNA-lackawanna-2013.pdf>;  
<http://www.hcno.org/pdf/counties/Cuyahoga%20County%20Health%20Assessment%20FINAL.pdf>



# SURVEY RESULTS

## General Health and Wellness Concerns about the Community

Respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, THE AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE in their community. The level of concern was measured using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal” of concern.

Figure 1. Level of concern with statements about the community regarding ECONOMICS

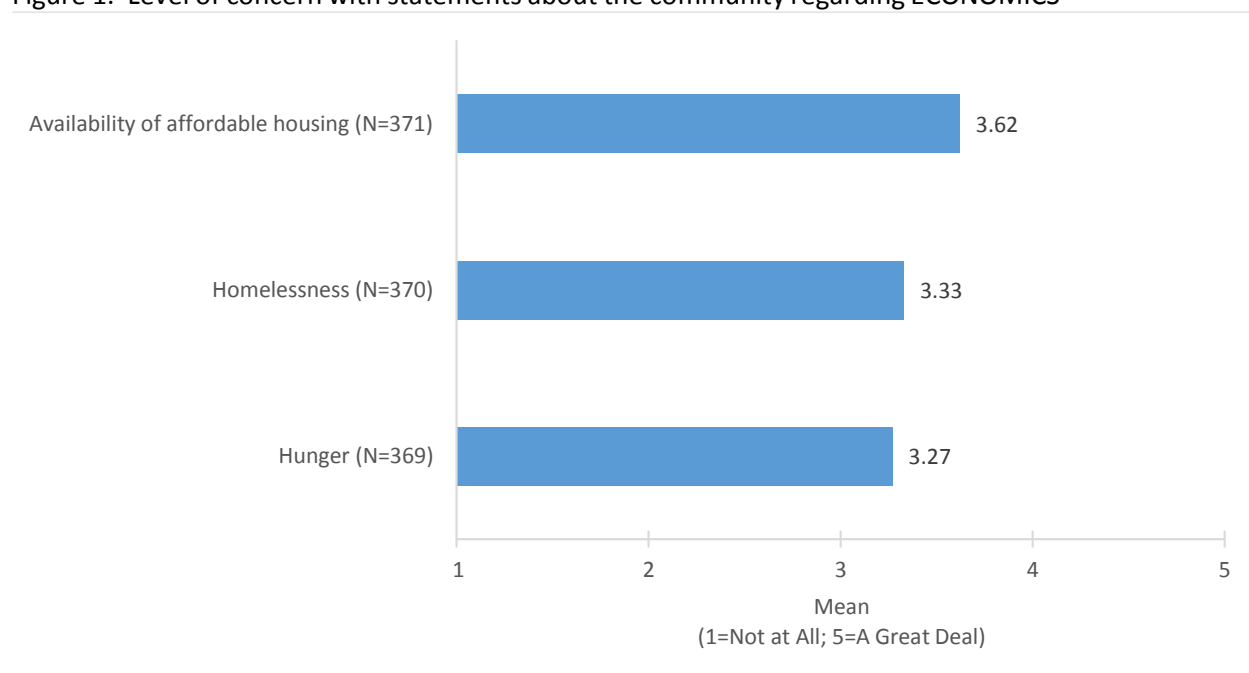


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

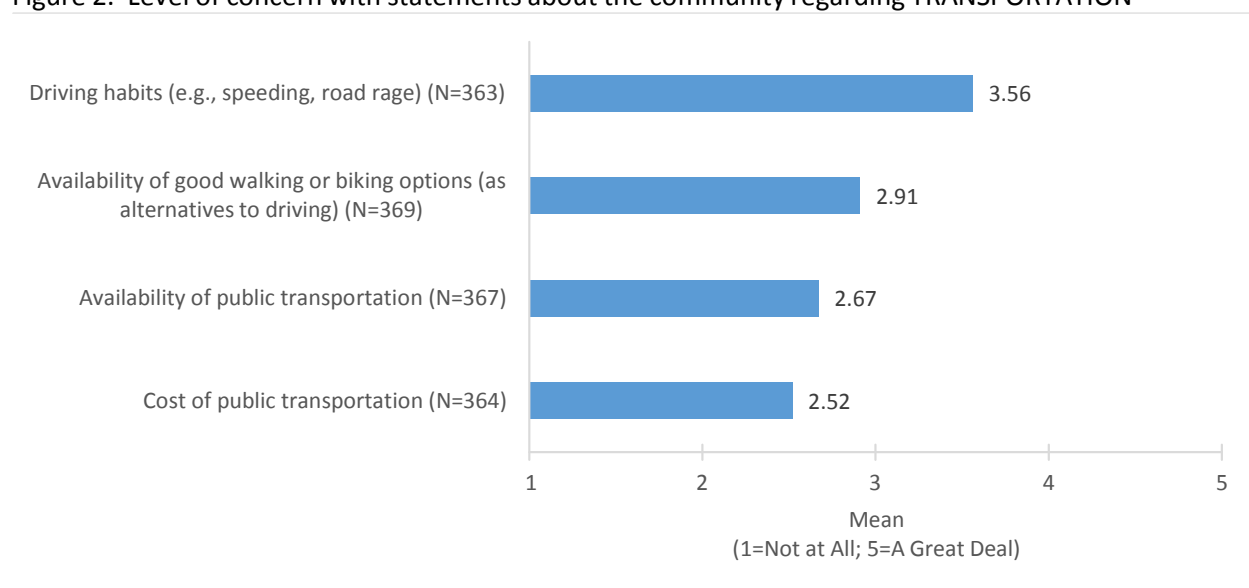


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

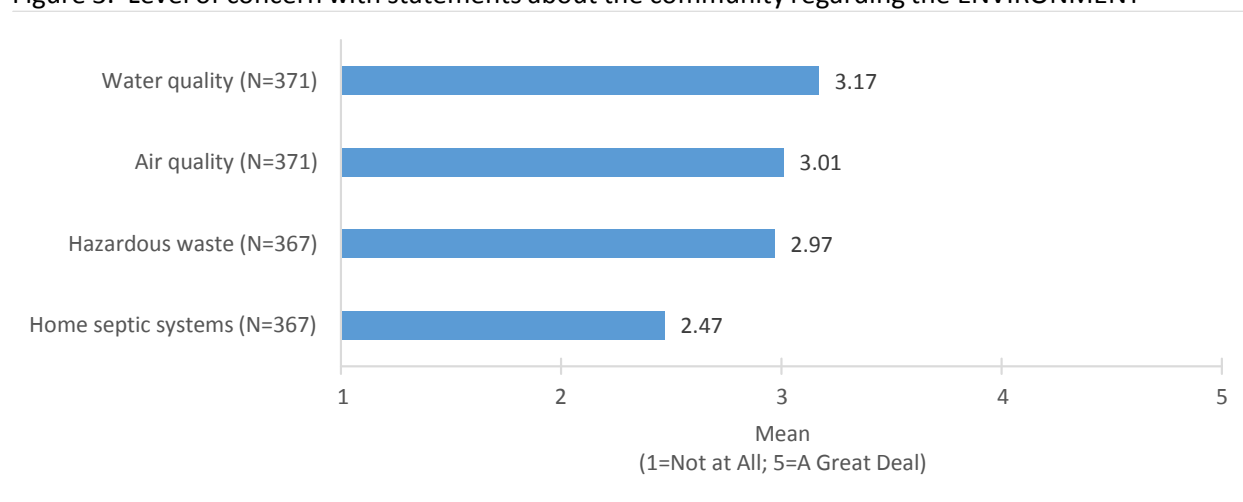
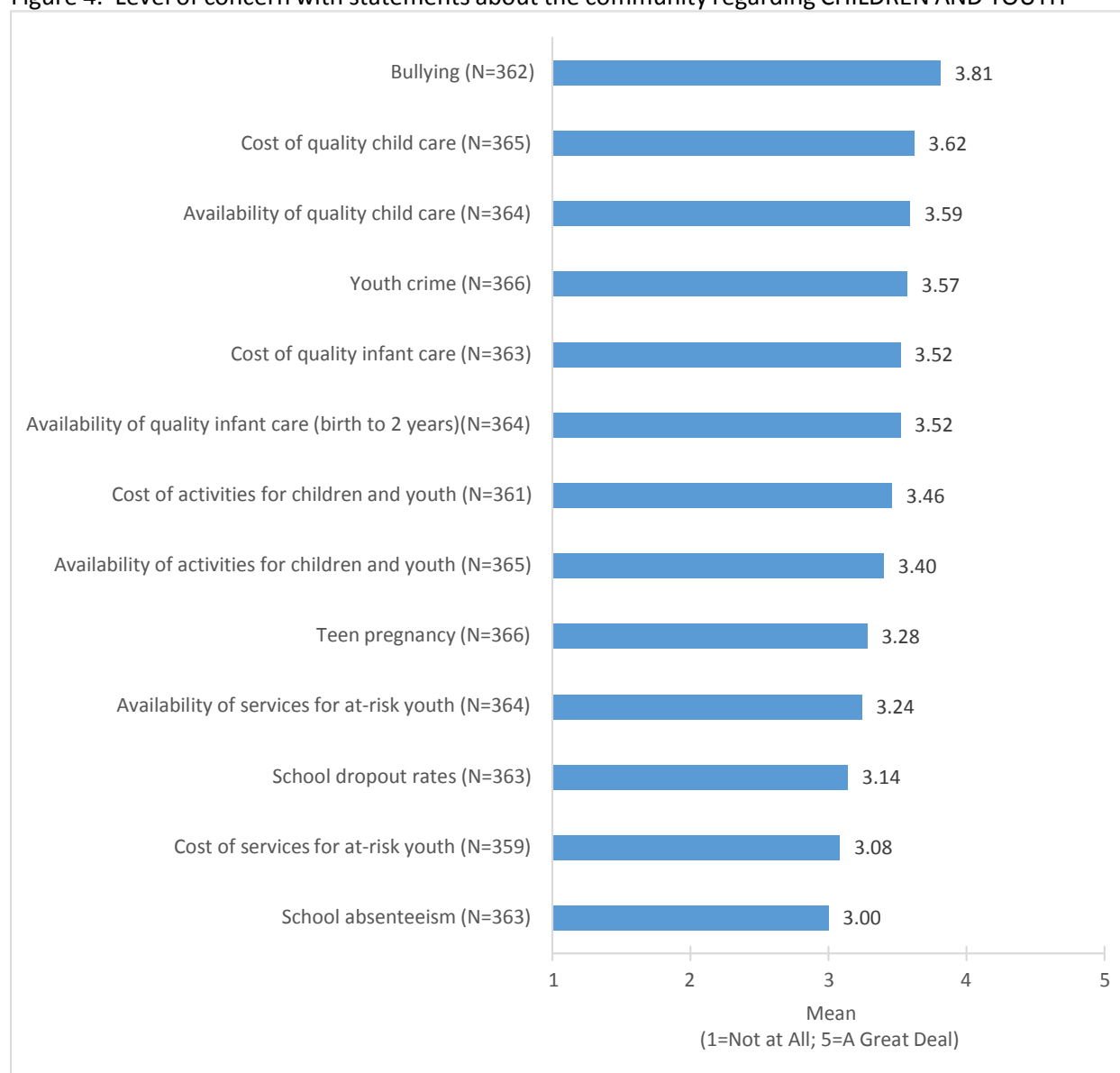
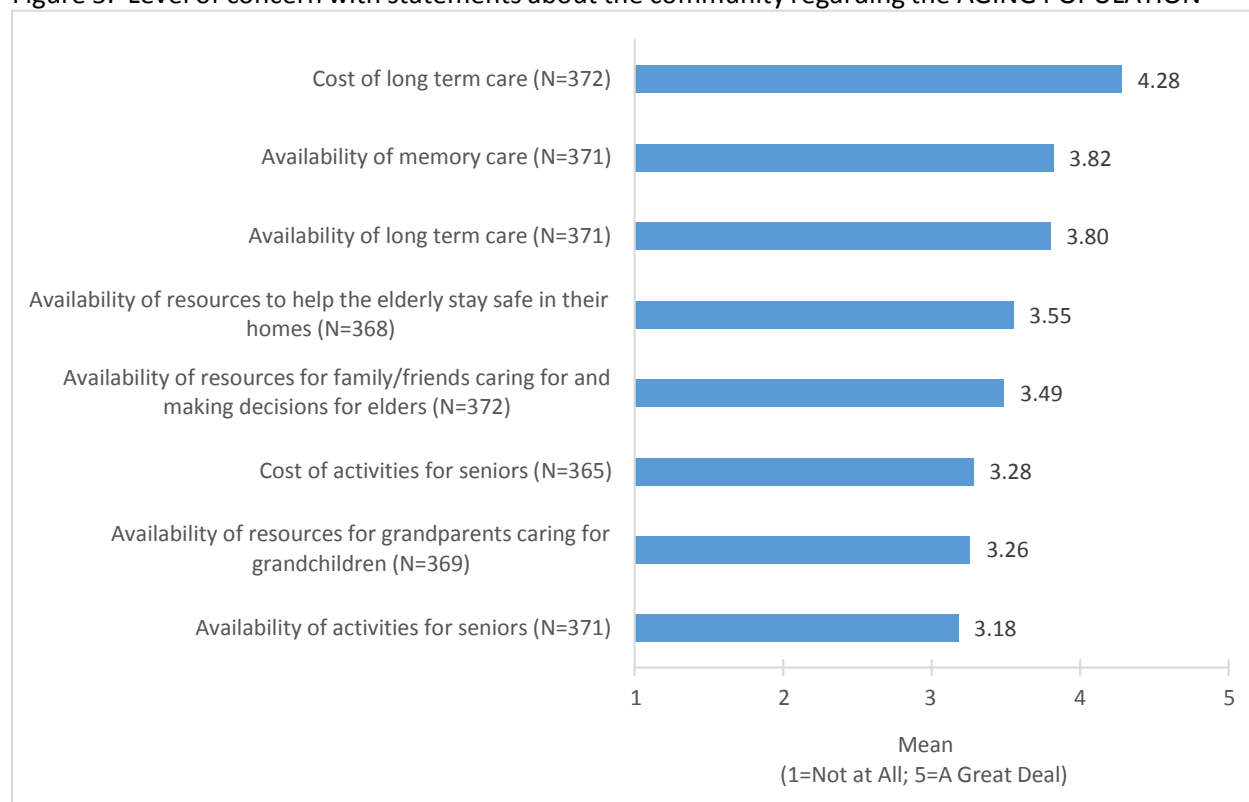


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH



**Figure 5. Level of concern with statements about the community regarding the AGING POPULATION**



**Figure 6. Level of concern with statements about the community regarding SAFETY**

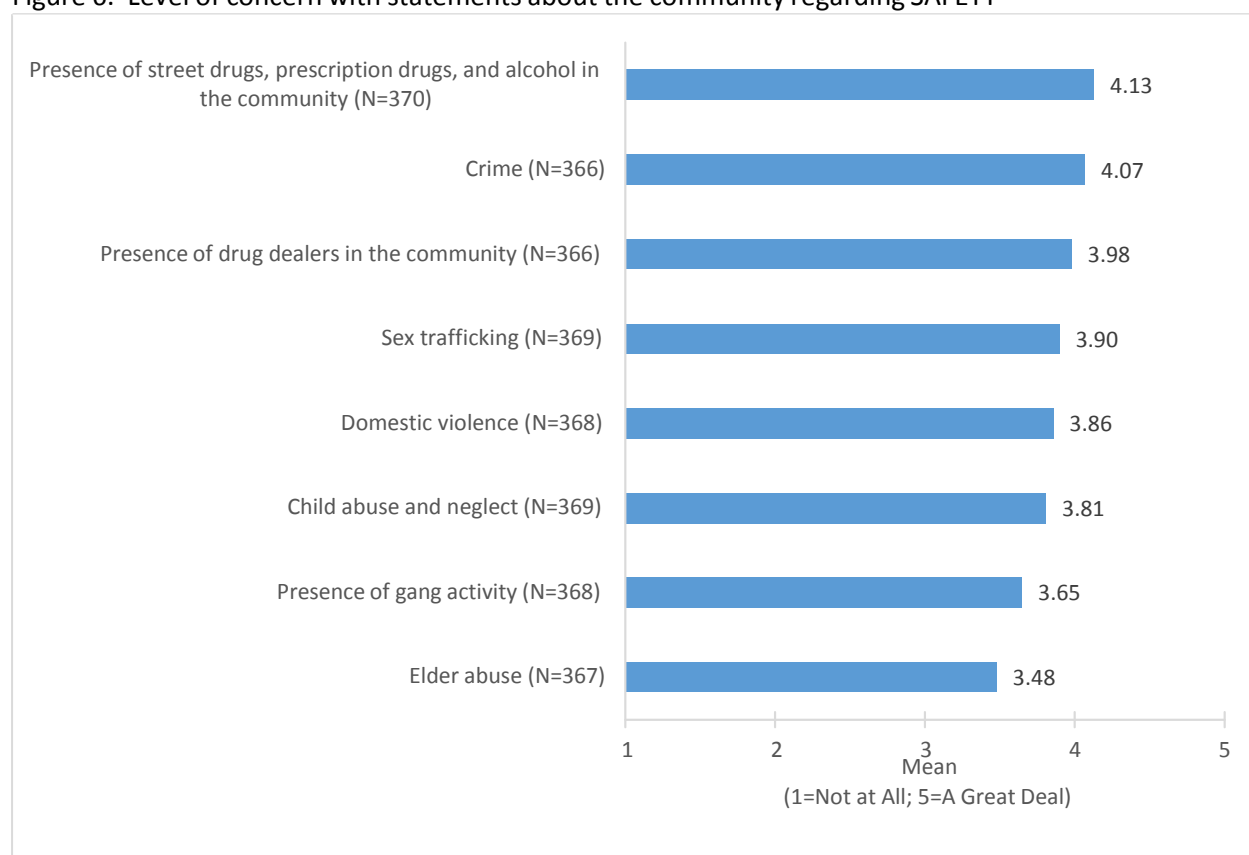
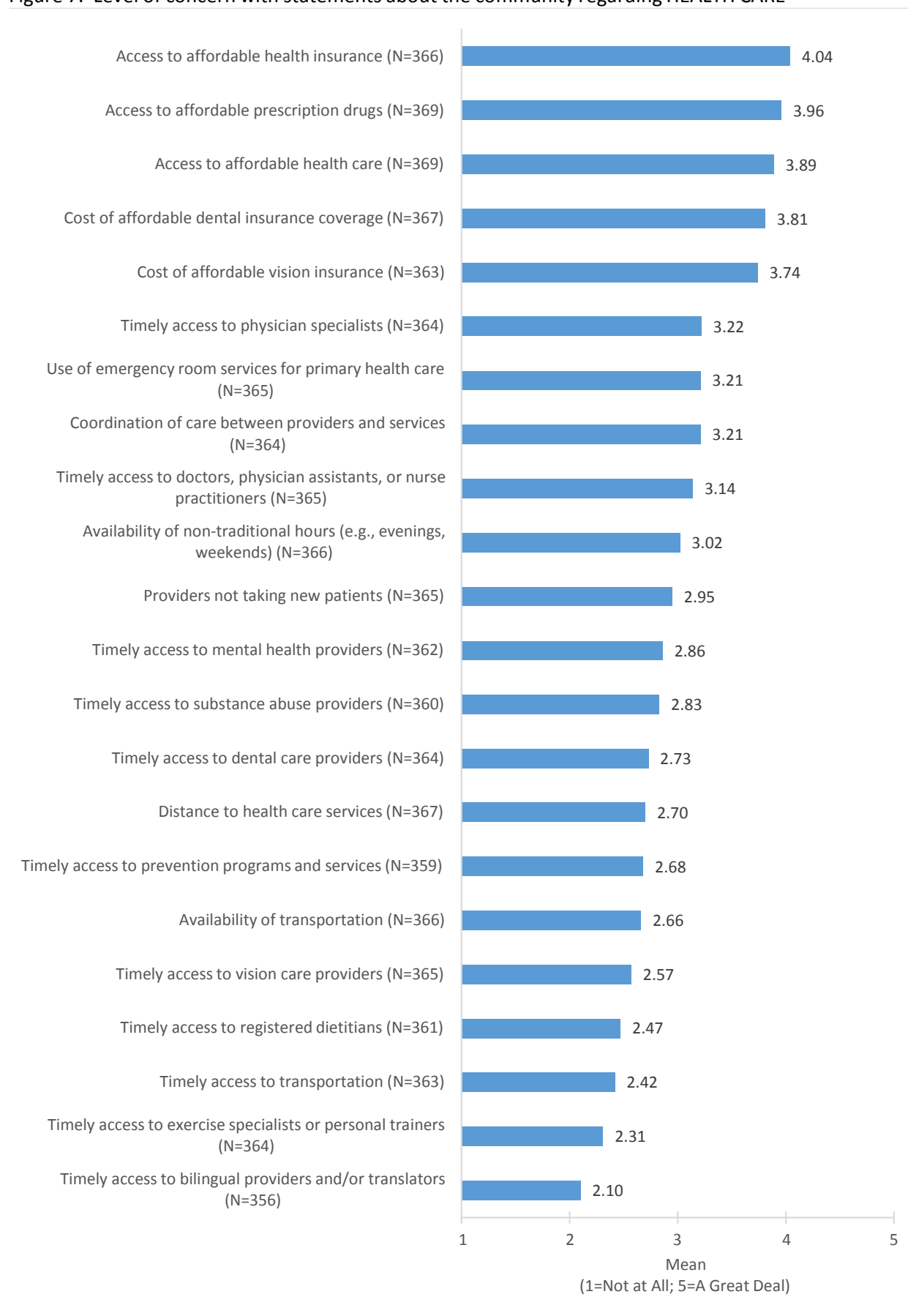
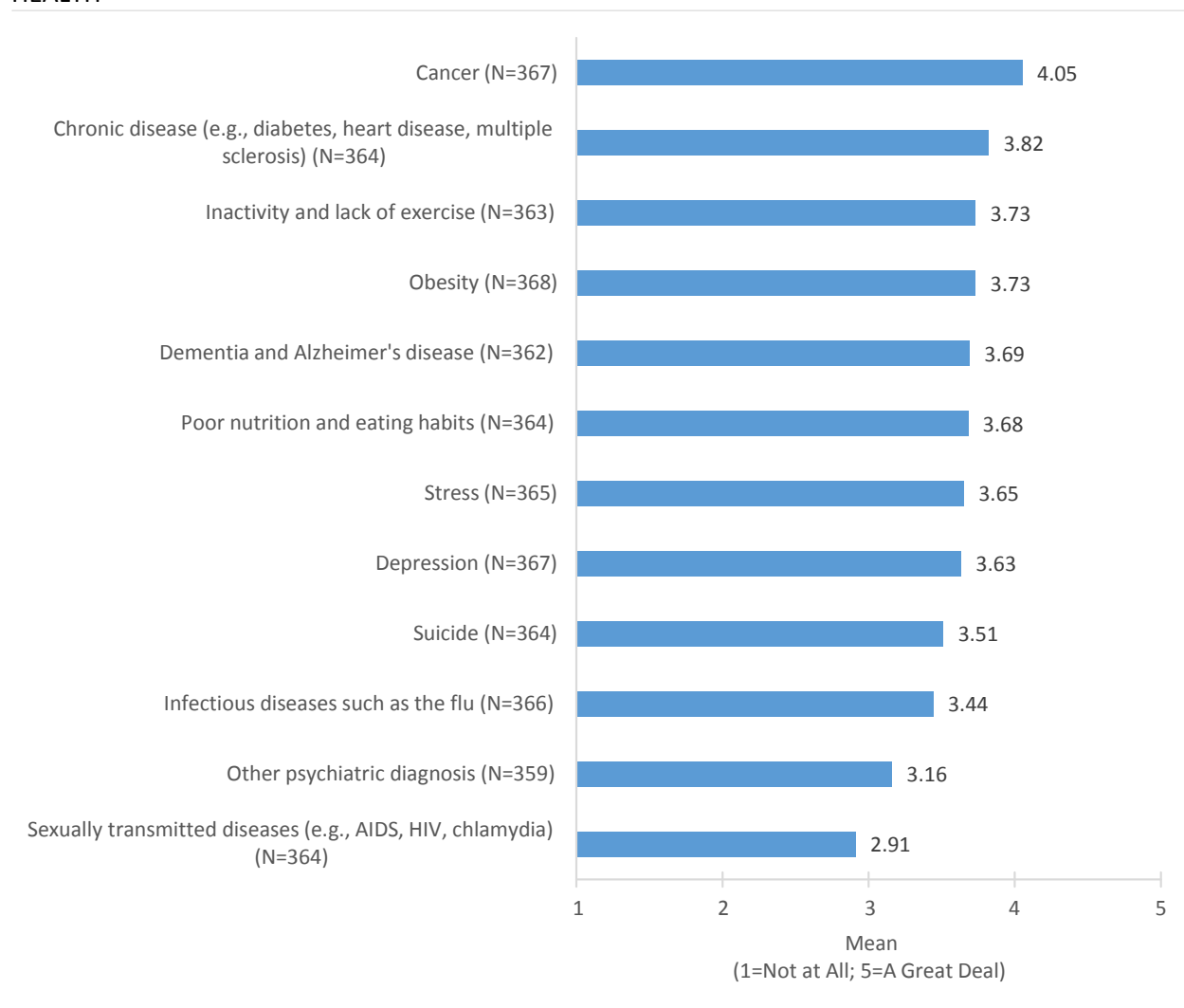


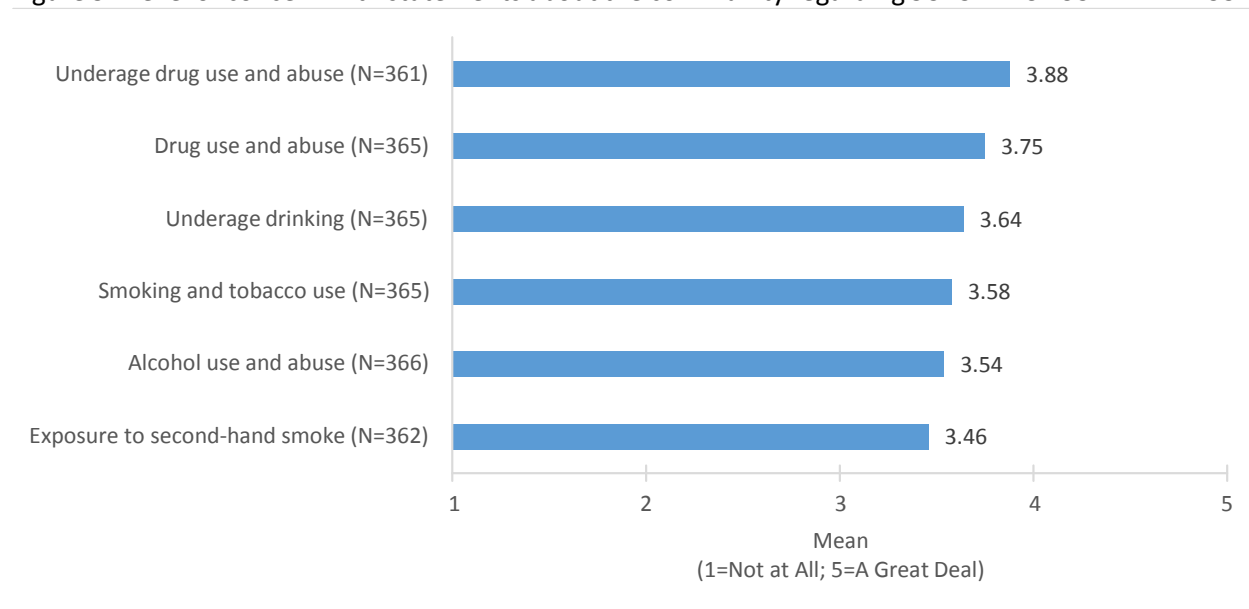
Figure 7. Level of concern with statements about the community regarding HEALTH CARE



**Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH**

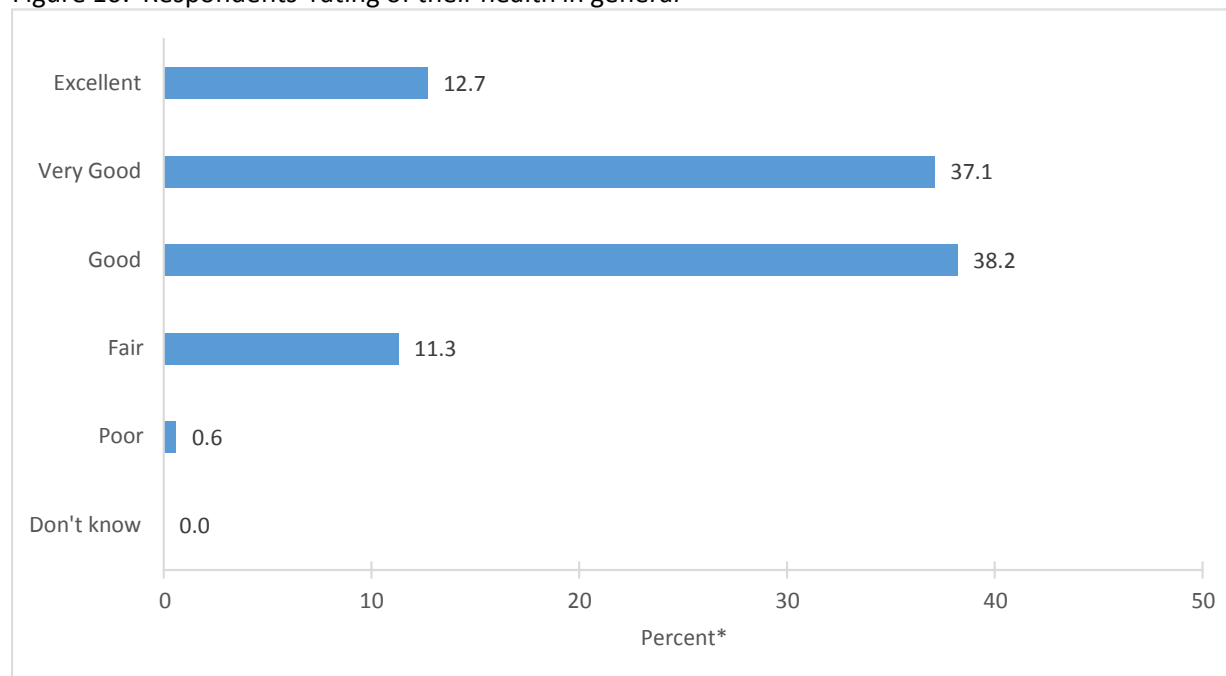


**Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE**



## General Health

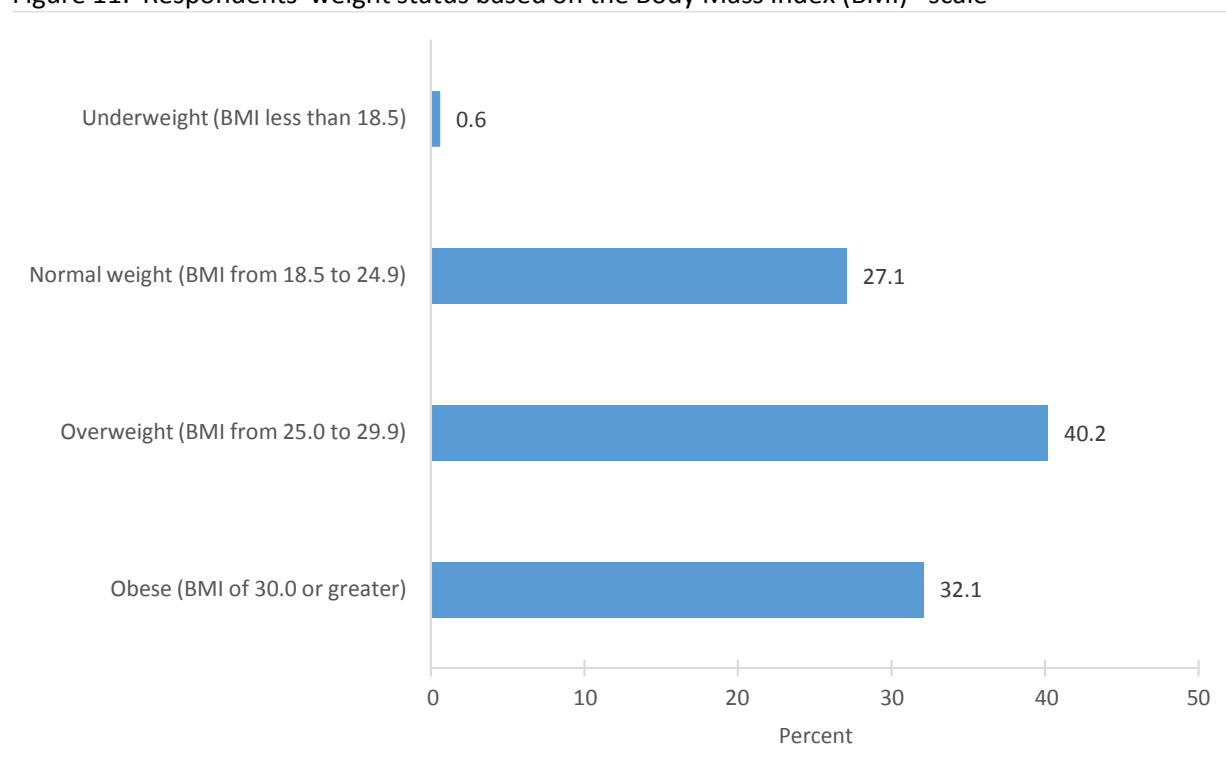
Figure 10. Respondents' rating of their health in general



N=371

\*Percentages do not total 100.0 due to rounding.

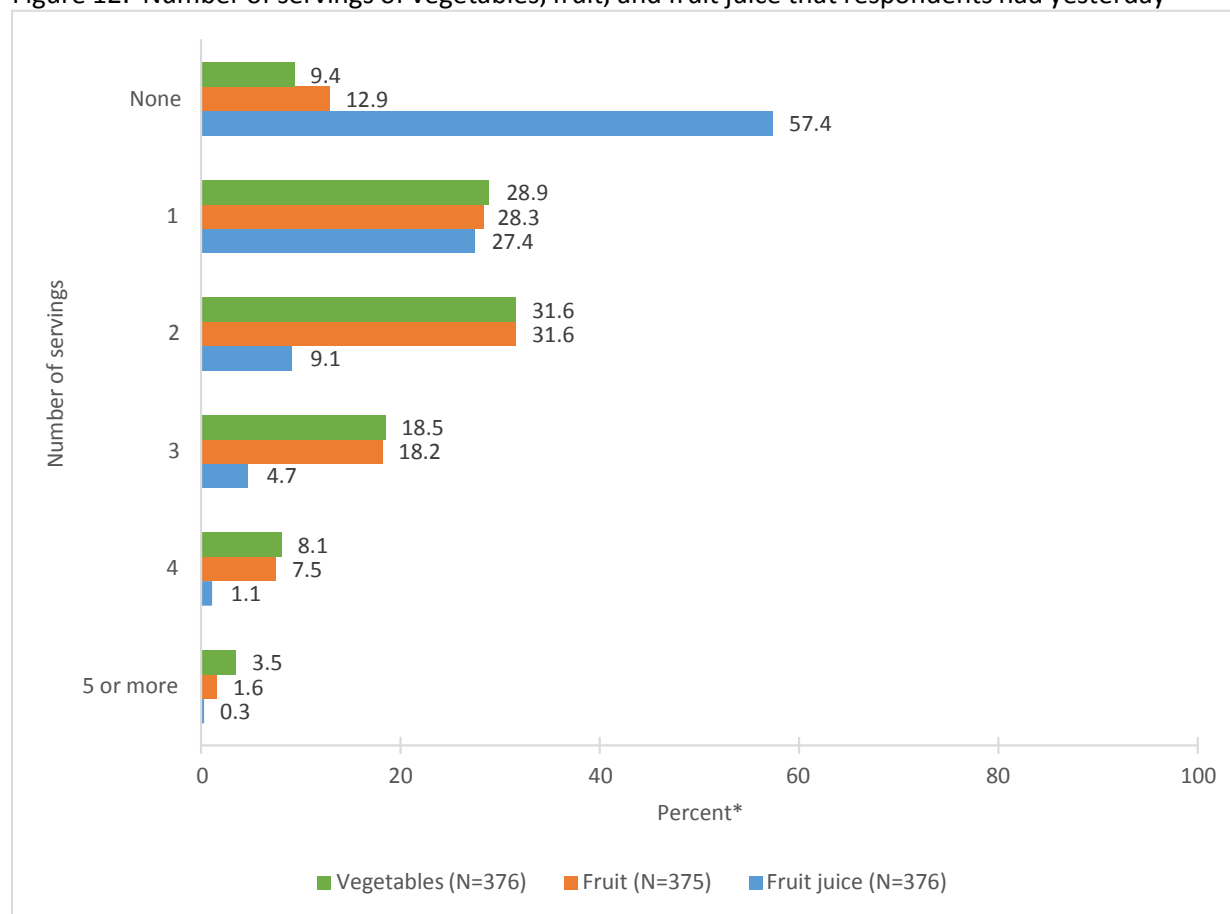
Figure 11. Respondents' weight status based on the Body Mass Index (BMI)\* scale



N=353

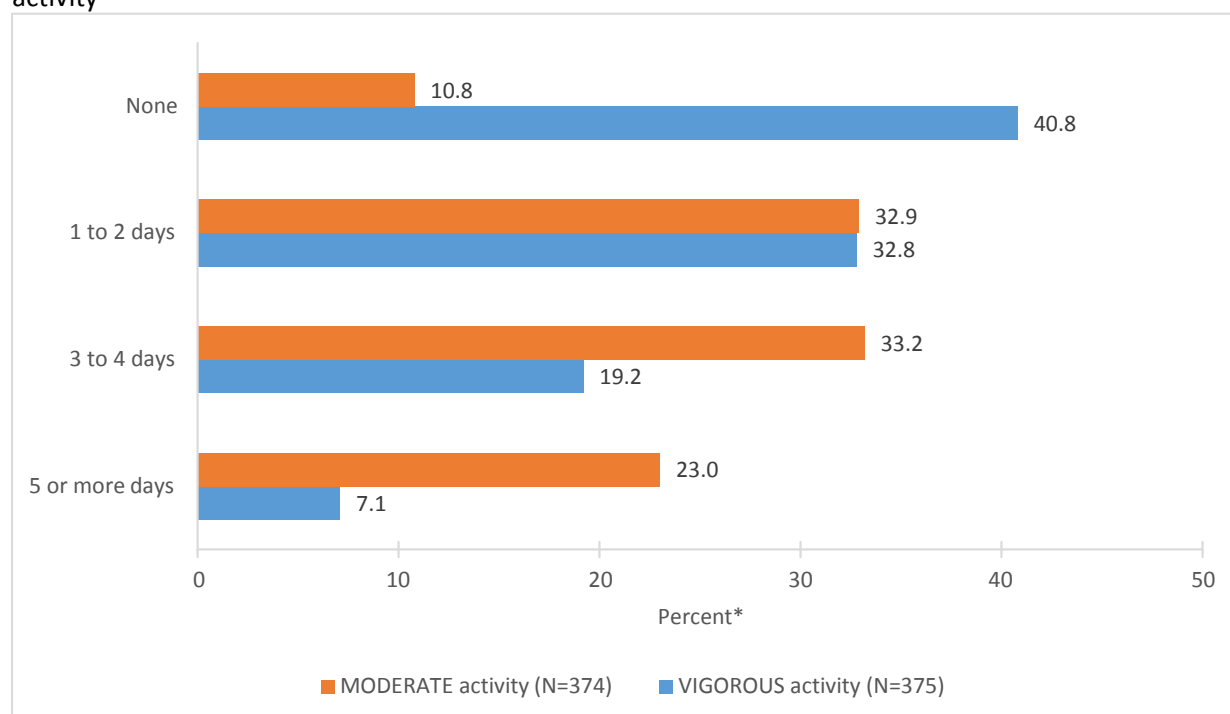
\*For information about BMI, visit the Centers for Disease Control and Prevention, *About BMI for Adults*, [http://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/](http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/)

Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday



\*Percentages may not total 100.0 due to rounding.

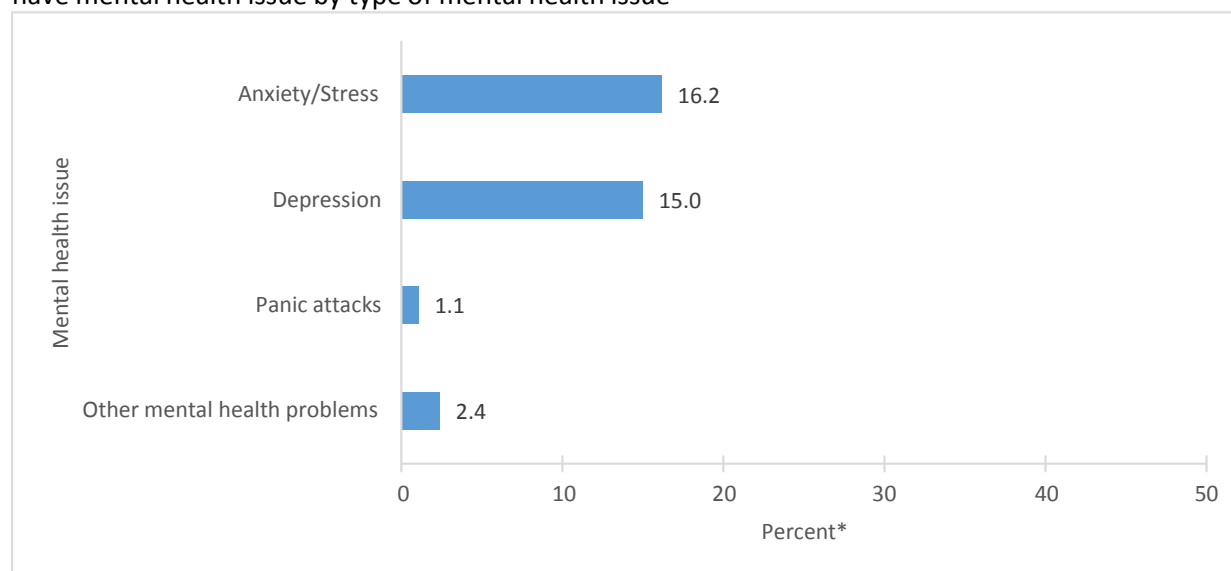
Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



\*Percentages do not total 100.0 due to rounding.

## Mental Health

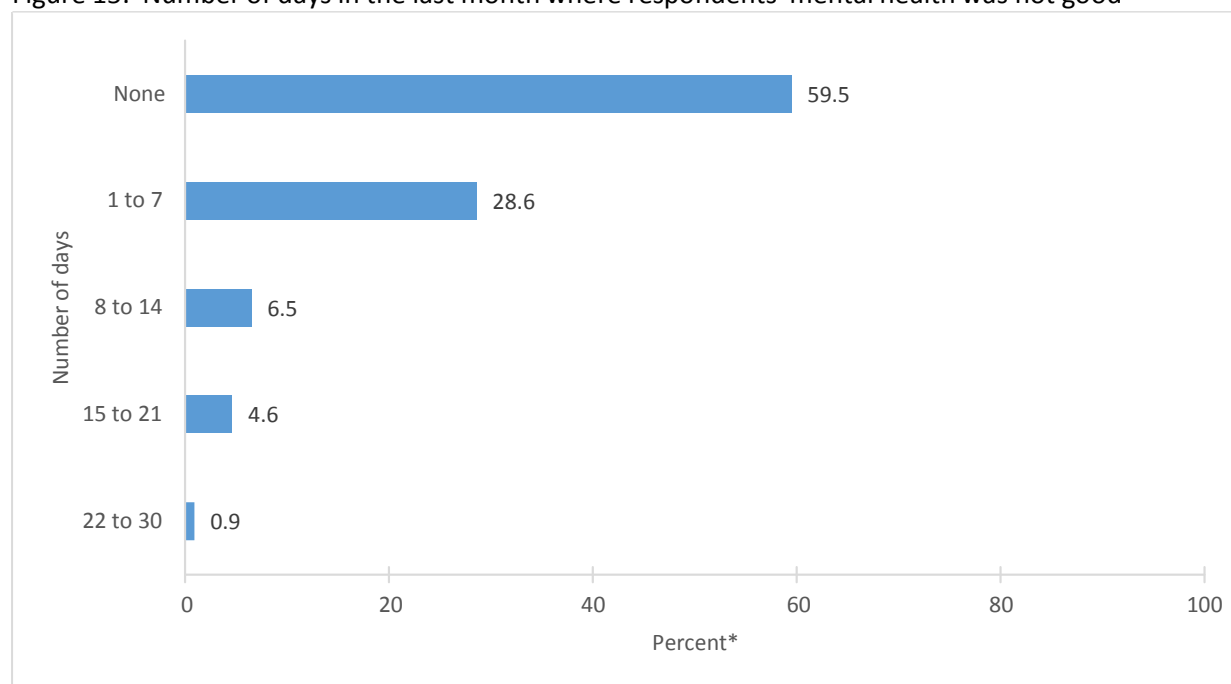
Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have mental health issue by type of mental health issue



N=378

\*Percentages do not total 100.0 due to multiple responses.

Figure 15. Number of days in the last month where respondents' mental health was not good

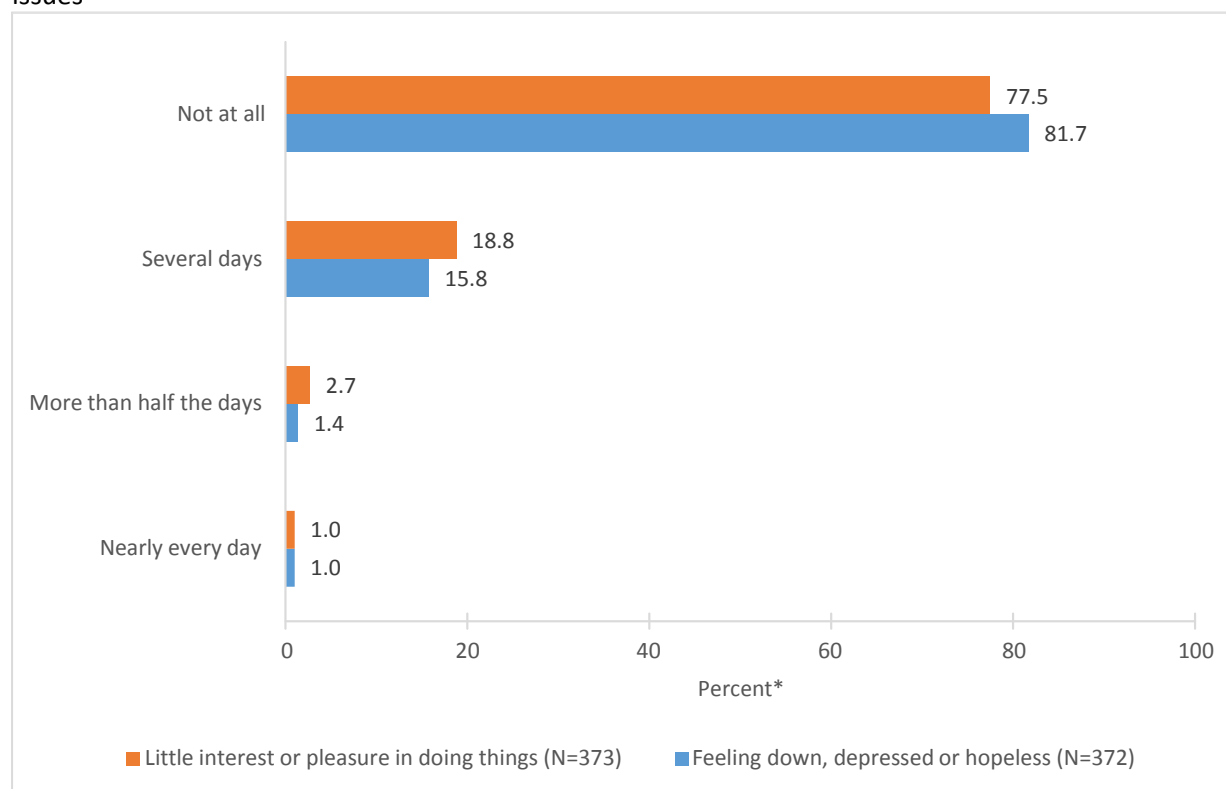


N=344

\*Percentages do not total 100.0 due to rounding.



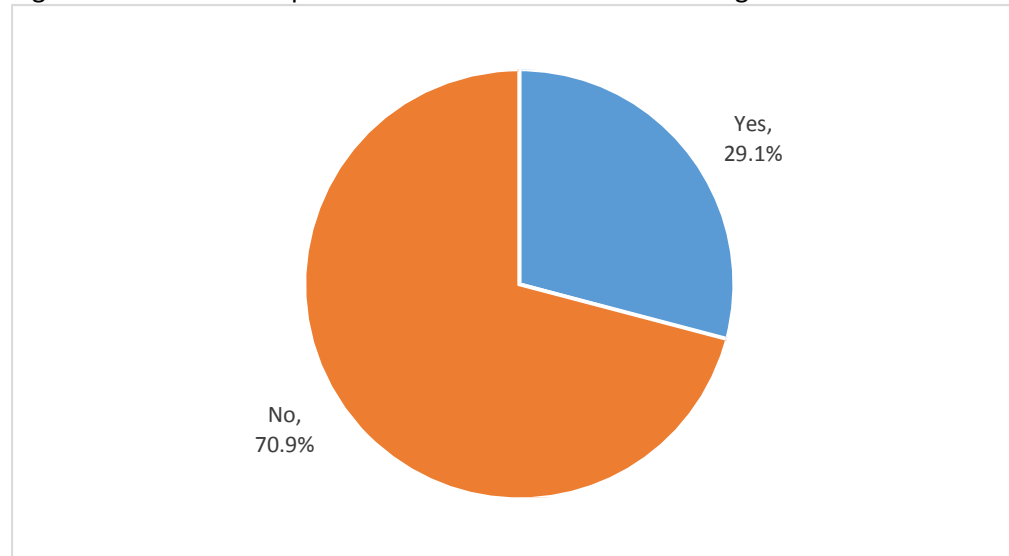
Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues



\*Percentages may not total 100.0 due to rounding.

## Tobacco Use

Figure 17. Whether respondents have smoked at least 100 cigarettes in their entire life



N=376

Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff

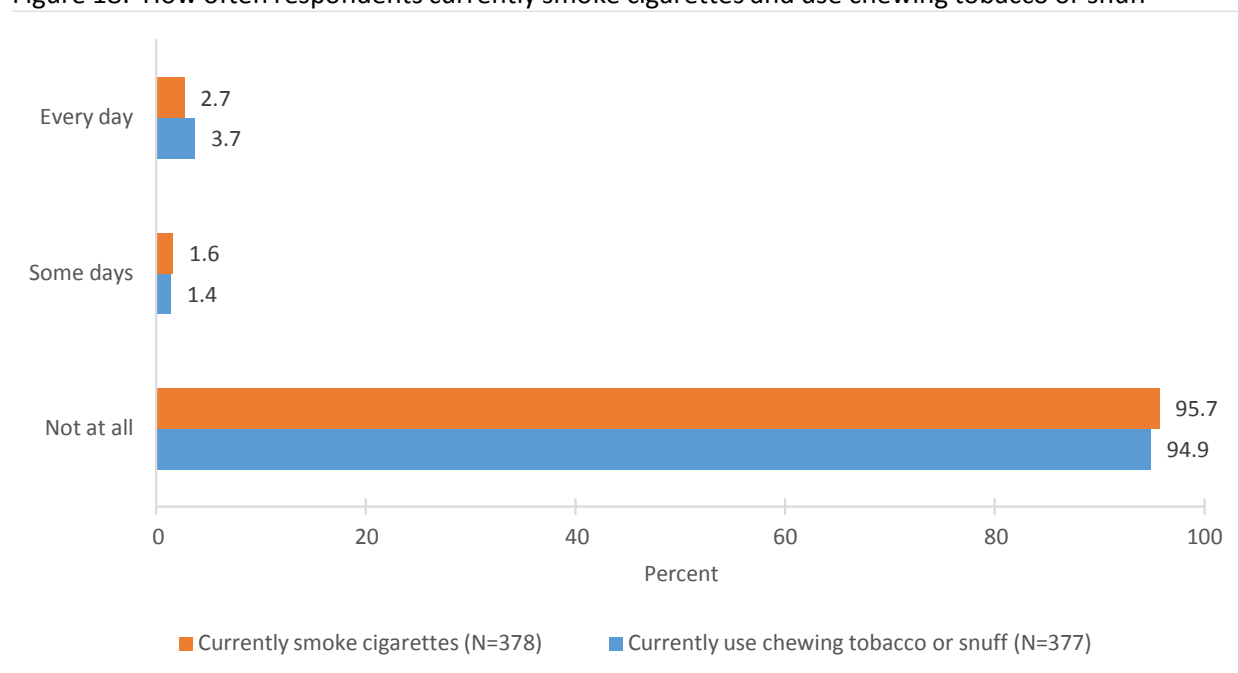
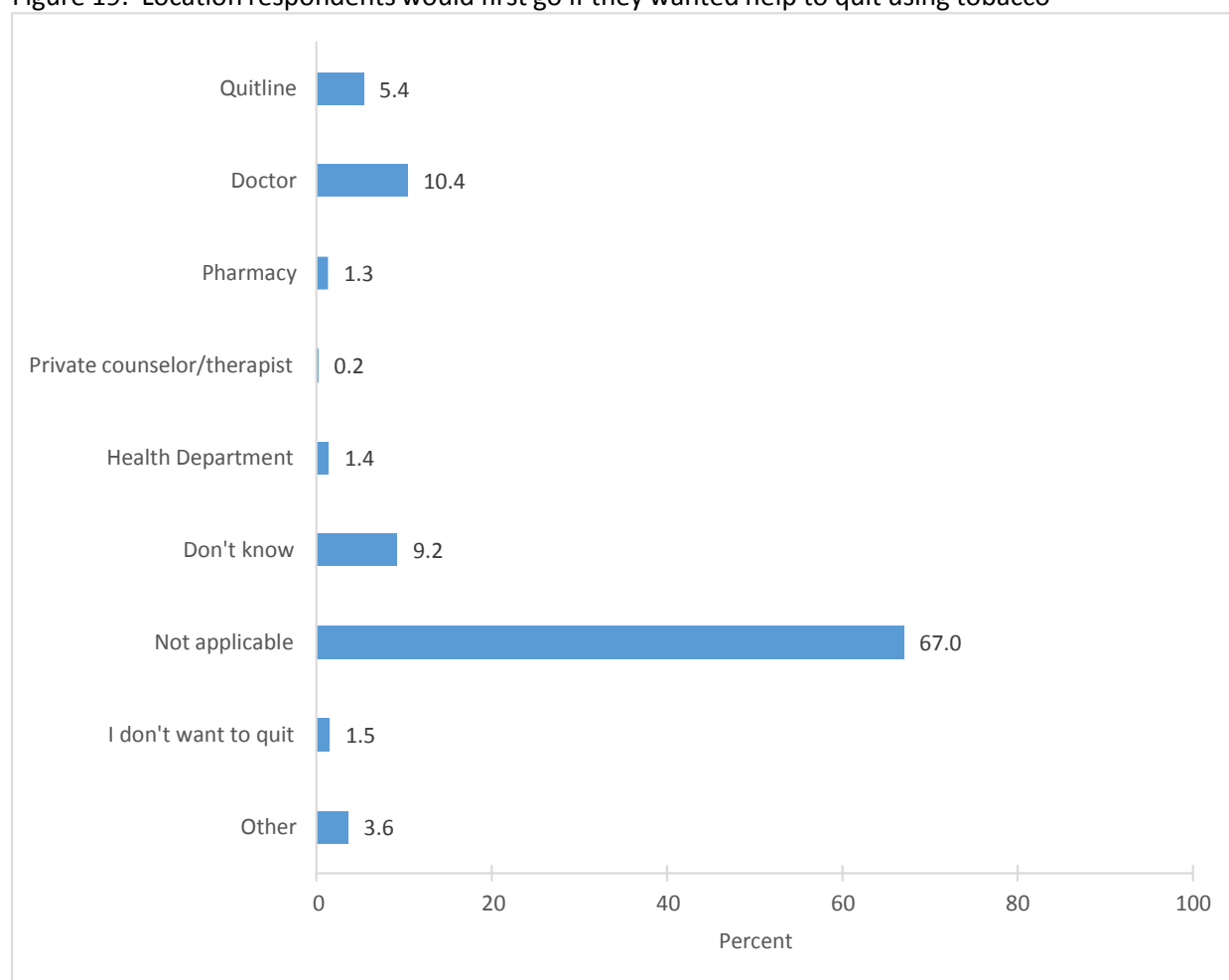


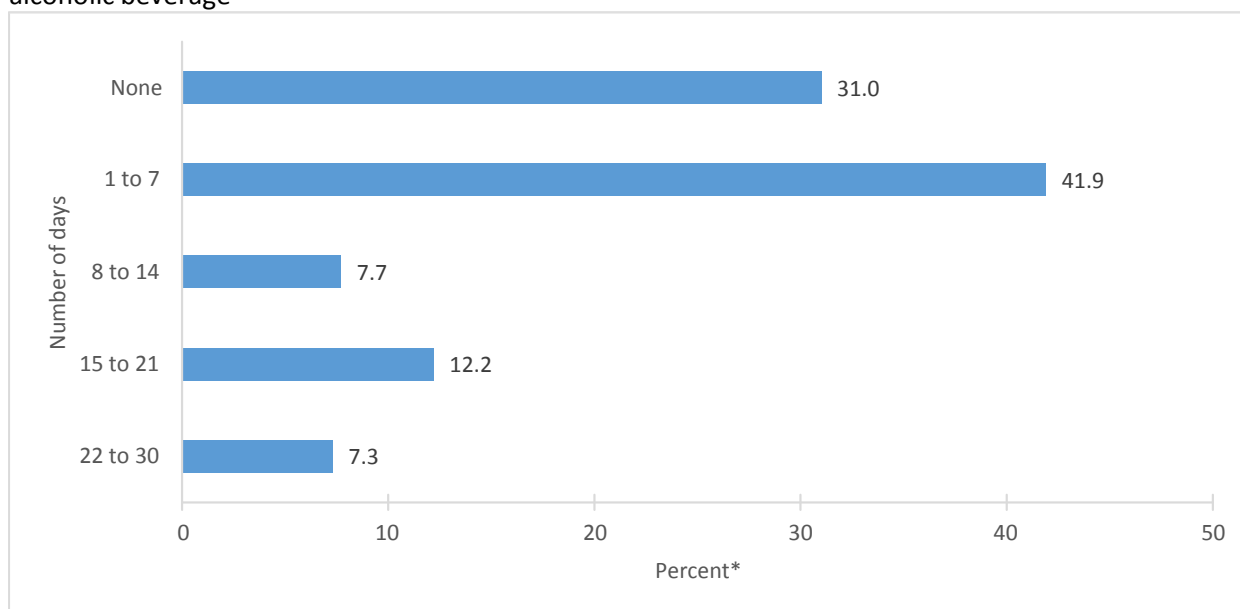
Figure 19. Location respondents would first go if they wanted help to quit using tobacco



N=344

## Alcohol Use and Prescription Drug/Non-prescription Drug Abuse

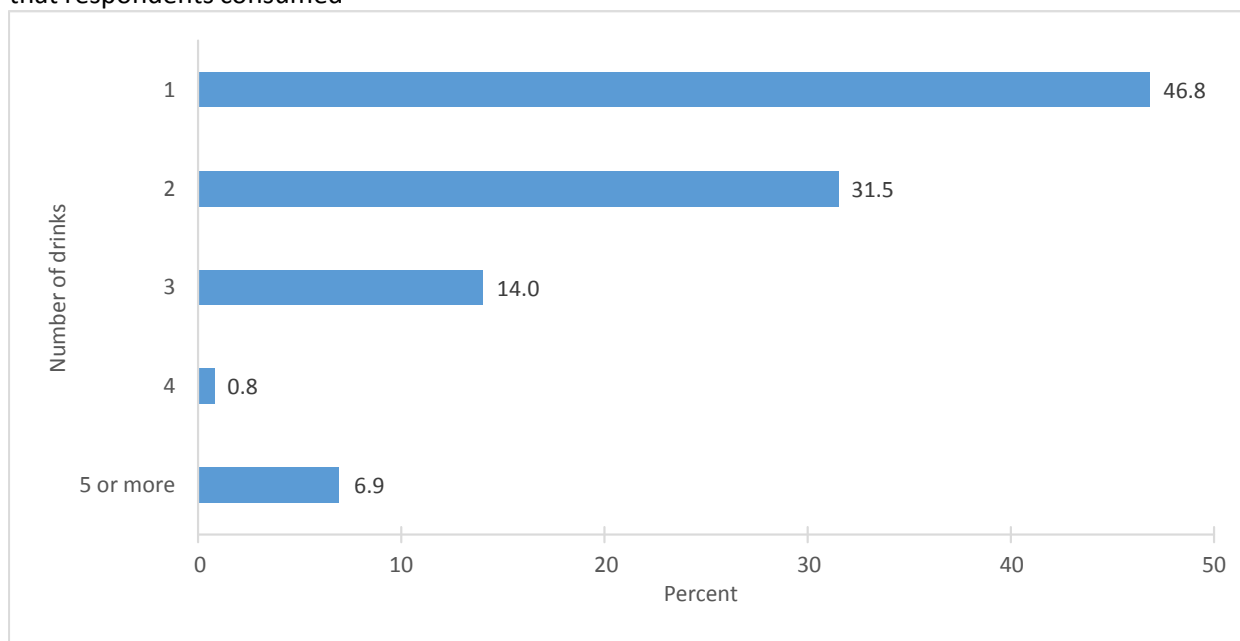
Figure 20. Number of days during the past 30 days that respondents had at least one drink of any alcoholic beverage



N=373

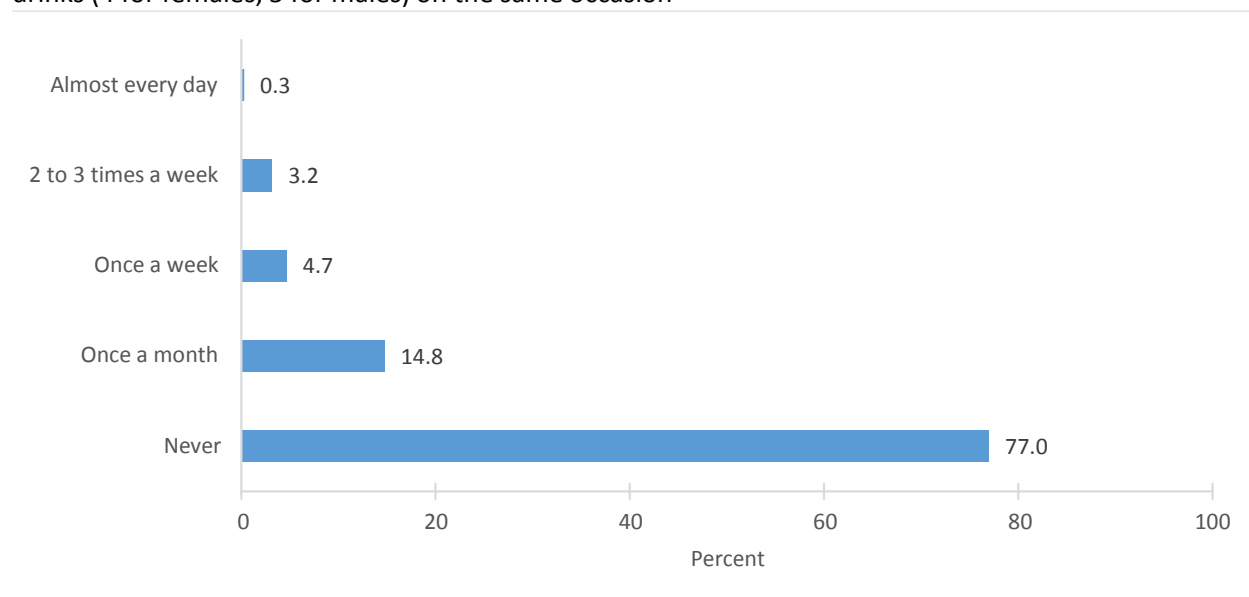
\*Percentages do not total 100.0 due to rounding.

Figure 21. During the past 30 days on days that respondents drank, average number of drinks per day that respondents consumed



N=253

Figure 22. Number of times during the past 30 days that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



N=374

Figure 23. Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse

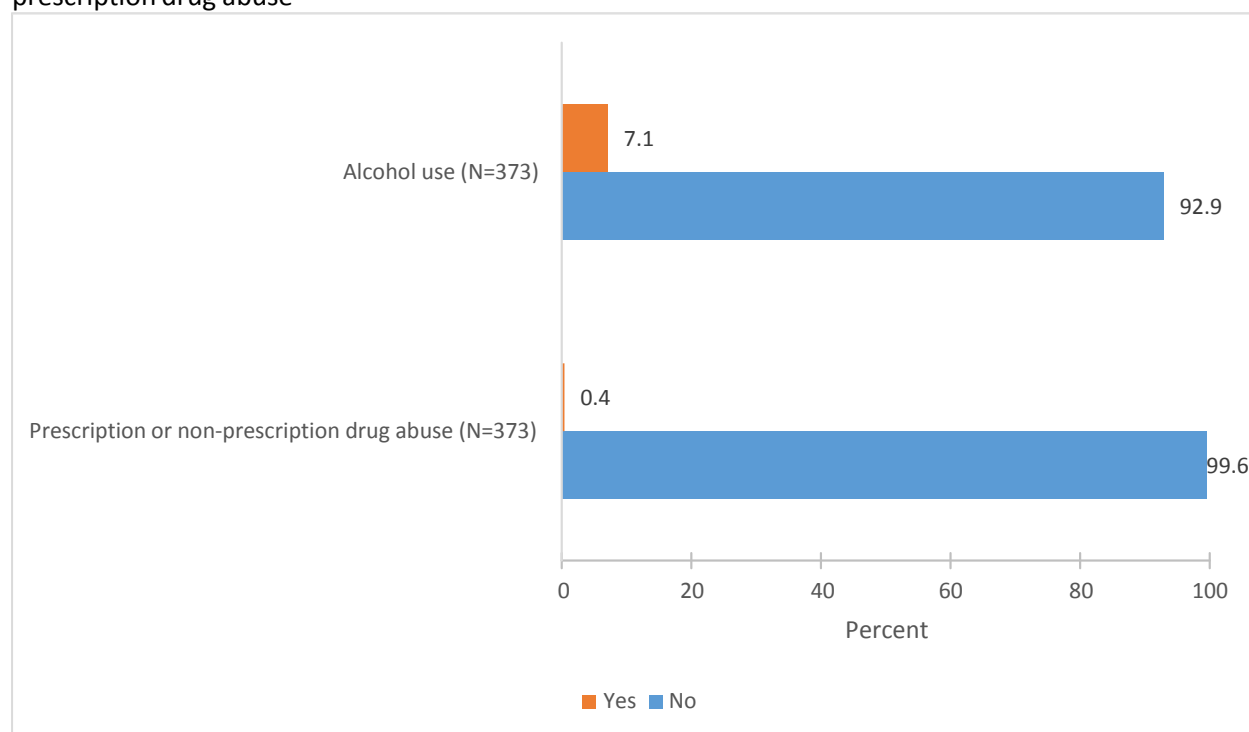
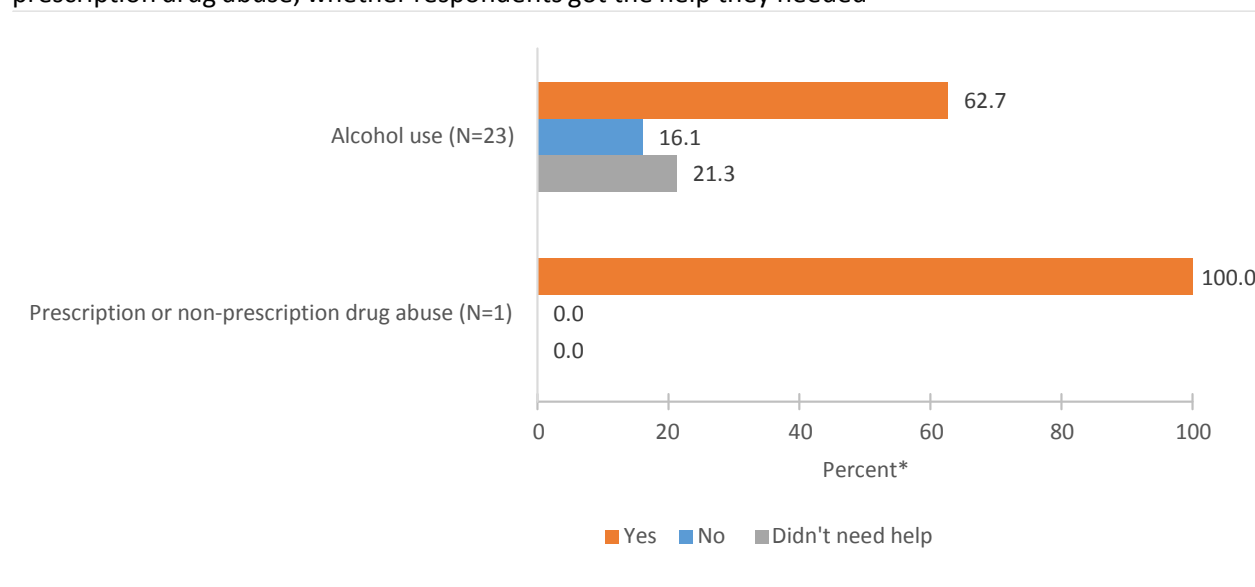
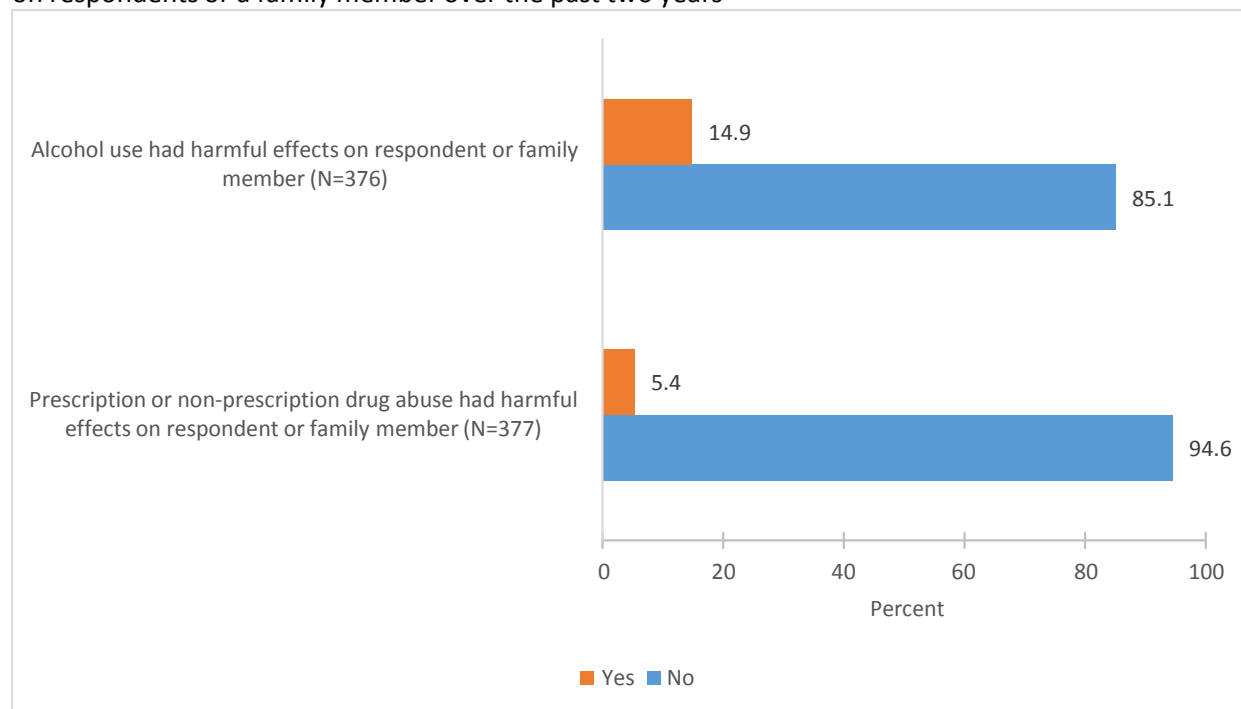


Figure 24. Of respondents who had ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed



\*Percentages do not total 100.0 due to rounding.

Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



## Preventive Health

Table 1. Whether or not respondents have had preventive screenings in the past year by type of screening

Type of screening	Percent of respondents		
	Yes	No	Total
<b>GENERAL SCREENINGS</b>			
Blood pressure screening (N=376)	87.8	12.2	100.0
Blood sugar screening (N=372)	64.8	35.2	100.0
Bone density test (N=370)	13.2	86.8	100.0
Cardiovascular screening (N=370)	31.4	68.6	100.0
Cholesterol screening (N=374)	69.2	30.8	100.0
Dental screening and X-rays (N=375)	80.3	19.7	100.0
Flu shot (N=376)	62.4	37.6	100.0
Glaucoma test (N=371)	59.2	40.8	100.0
Hearing screening (N=372)	17.4	82.6	100.0
Immunizations (N=366)	20.3	79.7	100.0
Pelvic exam (N=187 Females)	73.0	27.0	100.0
STD (N=358)	4.0	96.0	100.0
Vascular screening (N=359)	10.7	89.3	100.0
<b>CANCER SCREENINGS</b>			
Breast cancer screening (N=189 Females)	79.0	21.0	100.0
Cervical cancer screening (N=186 Females)	66.8	33.2	100.0
Colorectal cancer screening (N=366)	39.7	60.3	100.0
Prostate cancer screening (N=181 Males)	44.9	55.1	100.0
Skin cancer screening (N=369)	29.5	70.5	100.0

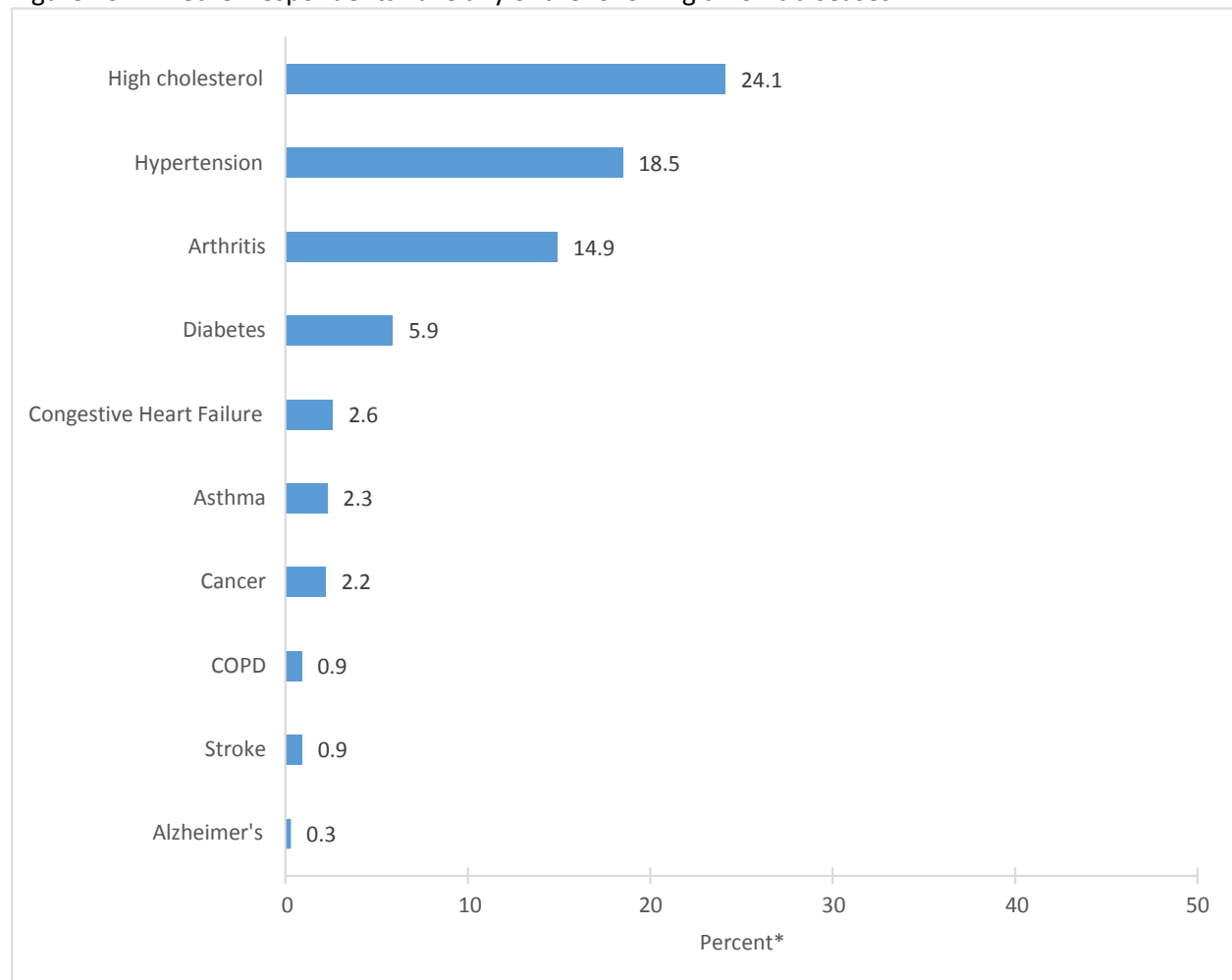
Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not by type of screening

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
<b>GENERAL SCREENINGS</b>							
Blood pressure screening (N=46)	56.9	15.9	7.0	0.0	1.6	1.3	16.7
Blood sugar screening (N=131)	50.3	36.0	5.1	0.0	0.0	0.5	9.1
Bone density test (N=321)	43.2	42.7	2.9	0.0	0.0	0.2	8.6
Cardiovascular screening (N=254)	36.1	50.5	2.9	0.0	0.2	0.2	5.9
Cholesterol screening (N=115)	32.5	34.2	8.8	0.0	0.5	0.5	15.7
Dental screening and X-rays (N=74)	34.7	9.9	18.6	0.8	0.0	6.3	23.7
Flu shot (N=141)	44.6	2.0	4.9	2.9	9.8	0.0	30.7
Glaucoma test (N=151)	49.5	29.4	7.1	0.0	0.0	0.4	11.6
Hearing screening (N=307)	59.5	24.4	4.6	0.0	1.0	0.2	6.0
Immunizations (N=292)	72.5	14.5	2.3	0.0	0.2	0.0	5.8
Pelvic exam (N=51 Females)	48.8	25.0	0.0	0.0	0.0	0.0	19.8
STD (N=344)	81.4	8.2	0.1	0.0	0.0	0.0	1.8

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
Vascular screening (N=321)	48.5	38.7	2.3	0.3	0.0	0.2	4.4
<b>CANCER SCREENINGS</b>							
Breast cancer screening (N=40 Females)	43.2	12.9	0.0	1.9	0.0	0.0	38.1
Cervical cancer screening (N=62 Females)	65.0	17.3	0.0	0.0	0.0	0.0	12.7
Colorectal cancer screening (N=221)	47.0	28.5	6.5	2.3	0.0	0.3	10.7
Prostate cancer screening (N=100 Males)	23.9	49.9	9.6	3.8	0.0	0.6	10.5
Skin cancer screening (N=260)	41.1	36.8	3.7	0.0	1.5	0.0	6.3

\*Percentages do not total 100.0 due to multiple responses.

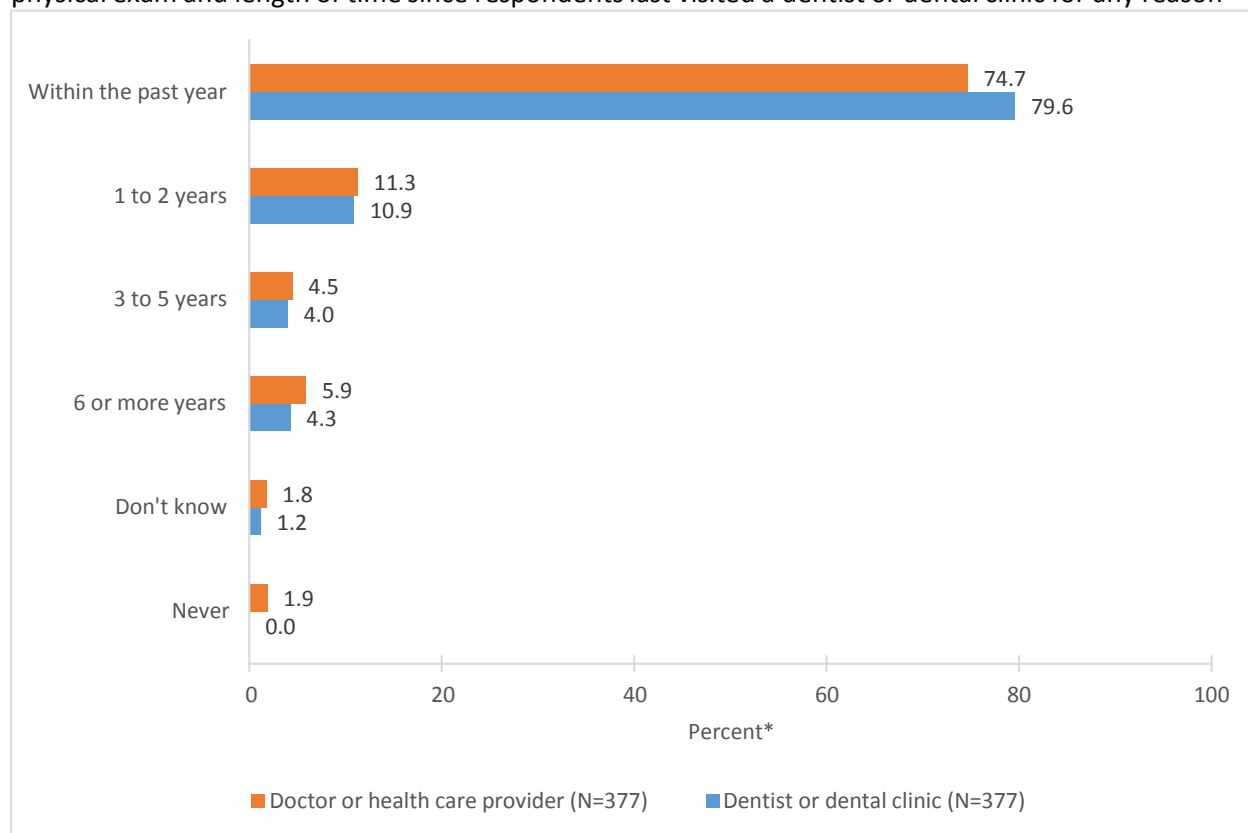
Figure 26. Whether respondents have any of the following chronic diseases



N=378

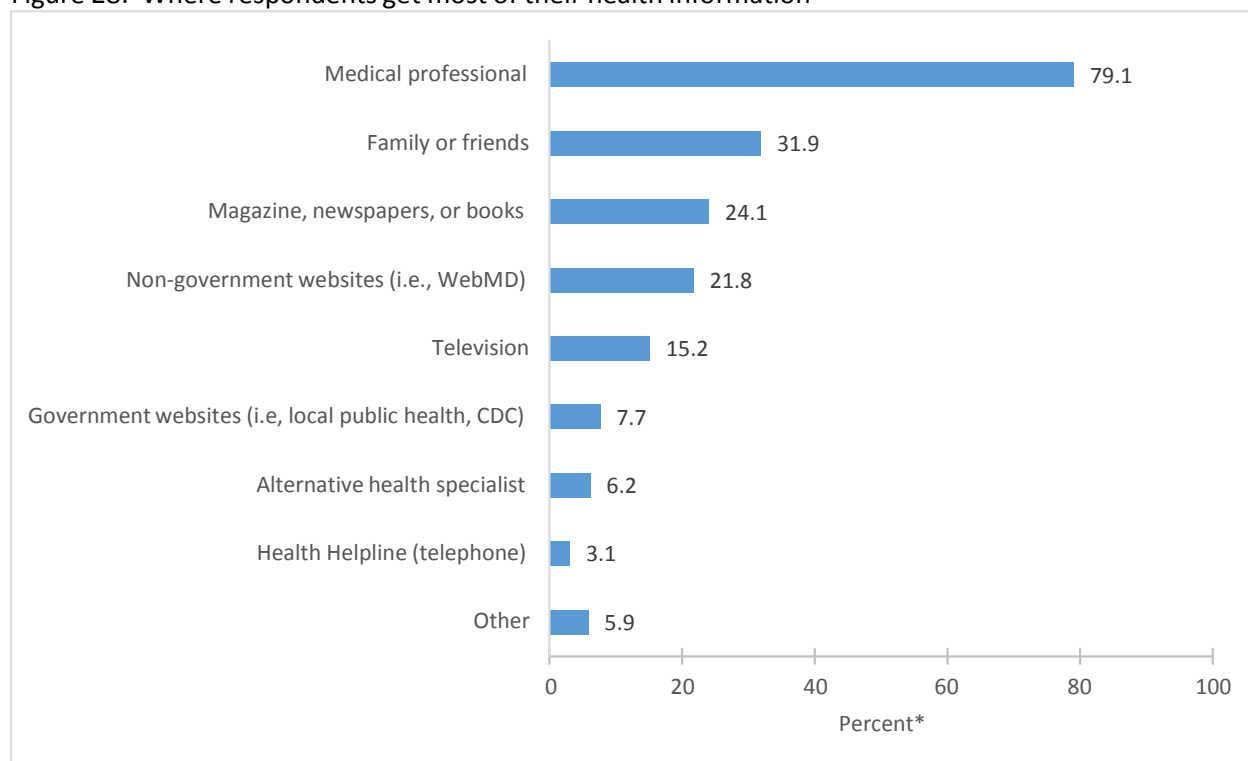
\*Percentages do not total 100.0 due to multiple responses.

Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since respondents last visited a dentist or dental clinic for any reason



\*Percentages do not total 100.0 due to rounding.

Figure 28. Where respondents get most of their health information

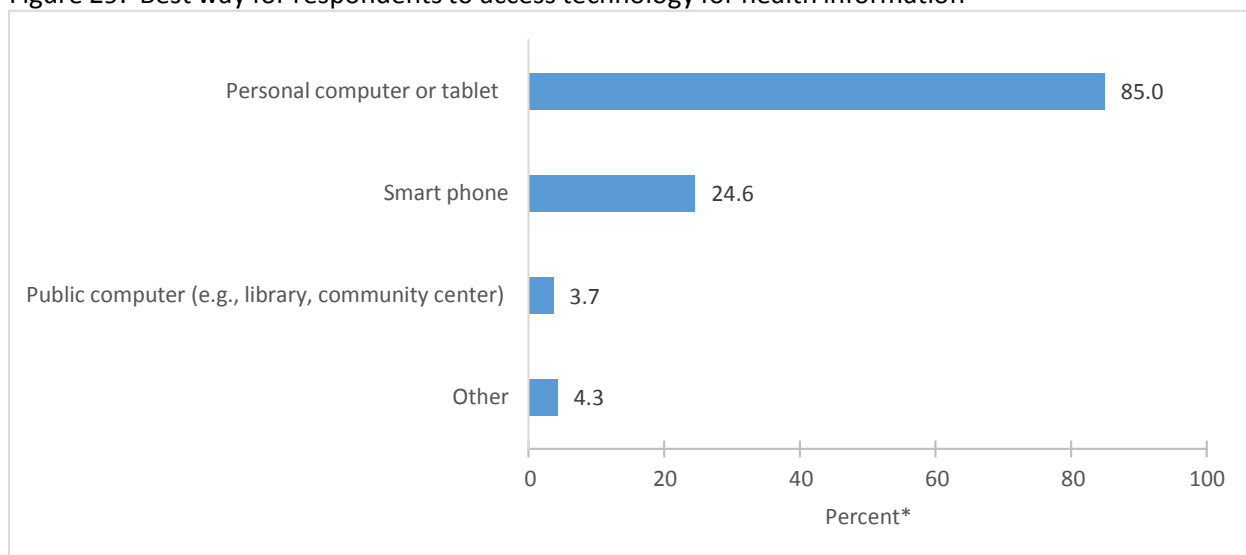


N=378

\*Percentages do not total 100.0 due to multiple responses.



Figure 29. Best way for respondents to access technology for health information

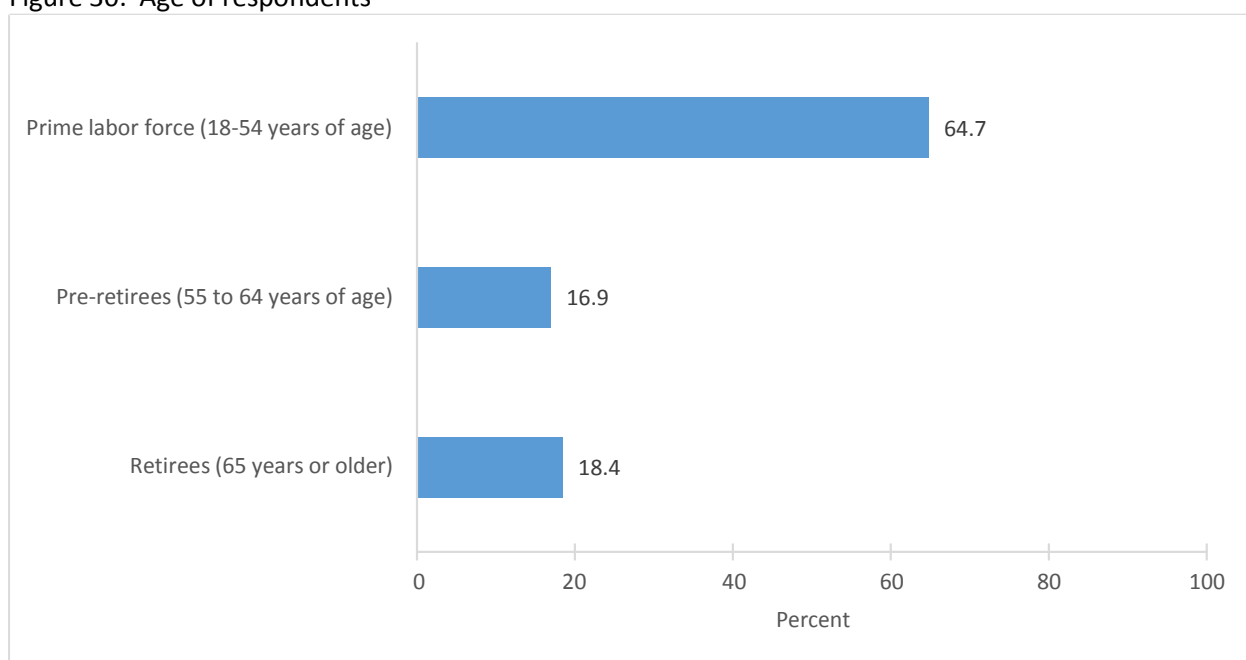


N=378

\*Percentages do not total 100.0 due to multiple responses.

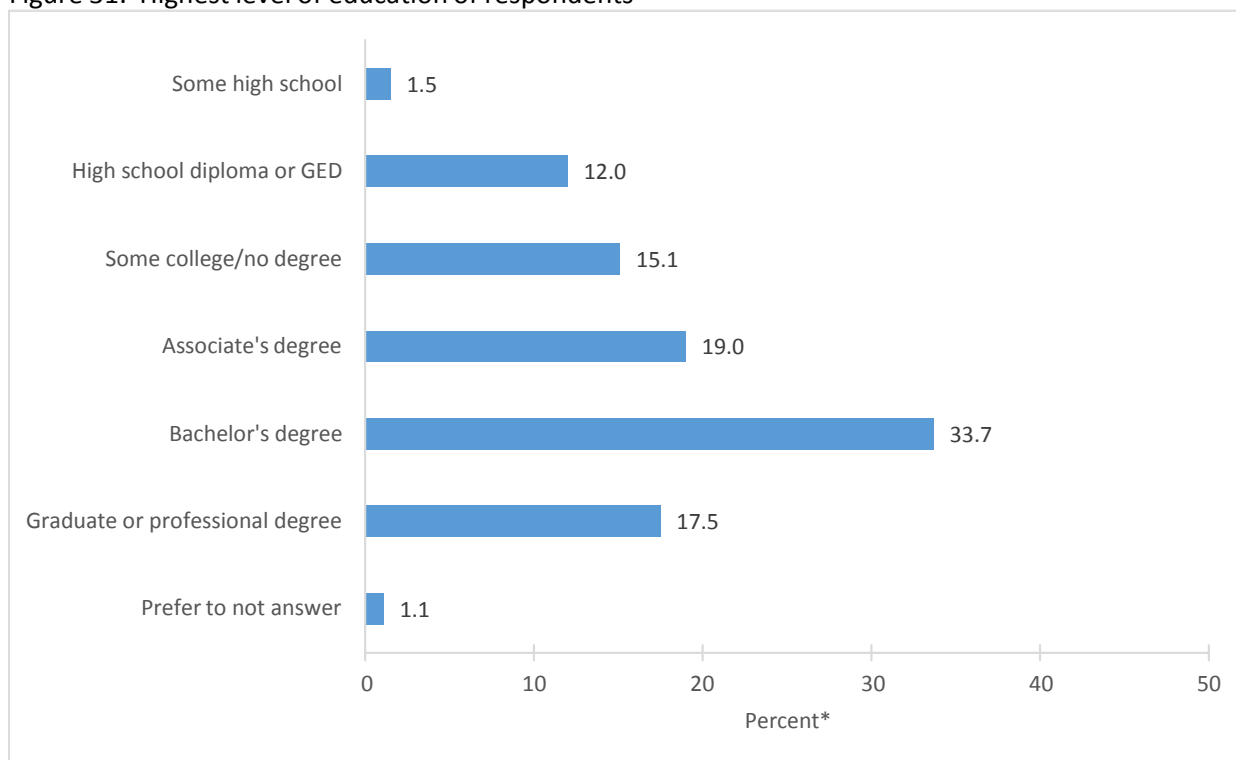
### Demographic Information

Figure 30. Age of respondents



N=378

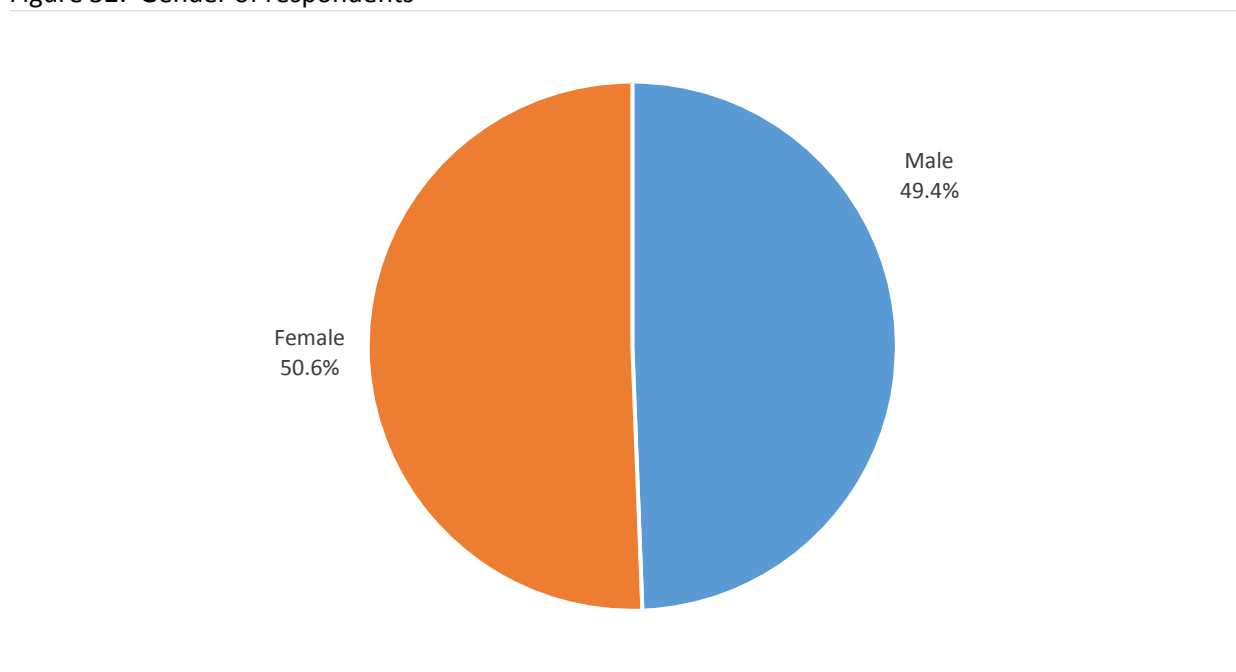
Figure 31. Highest level of education of respondents



N=369

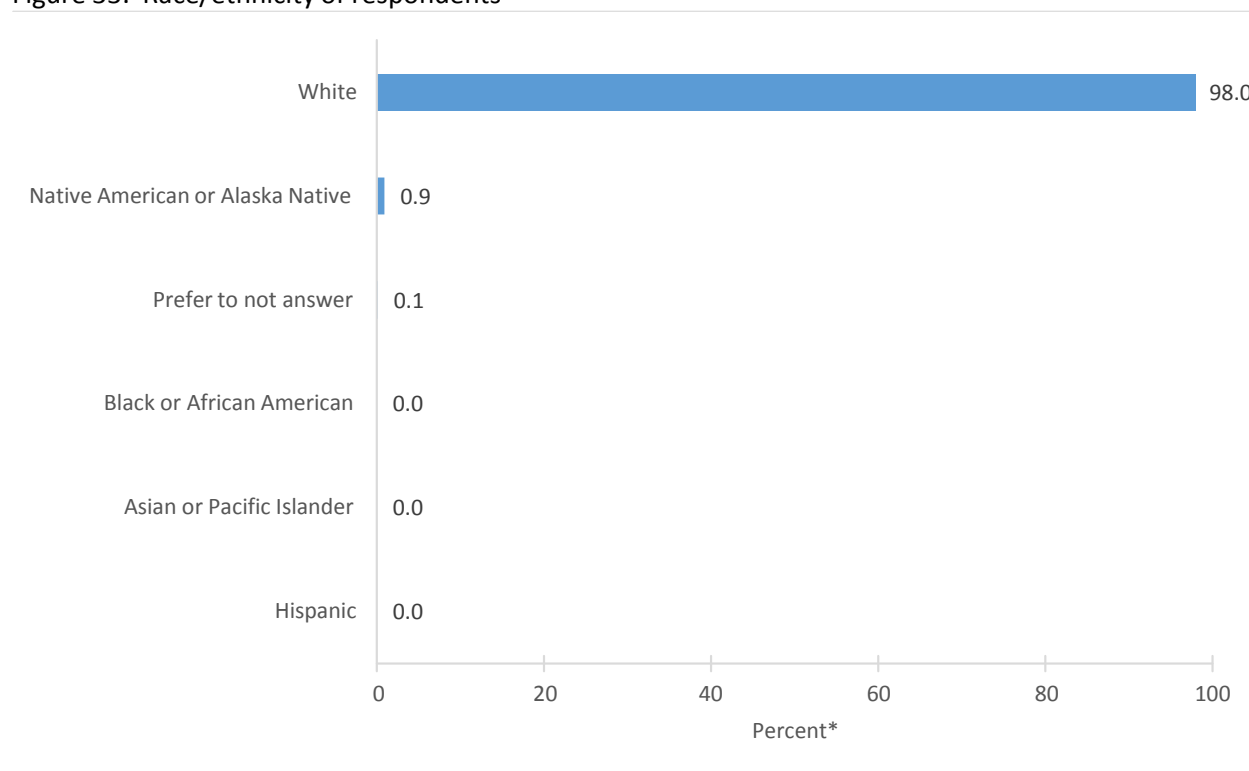
\*Percentages do not total 100.0 due to rounding.

Figure 32. Gender of respondents



N=378

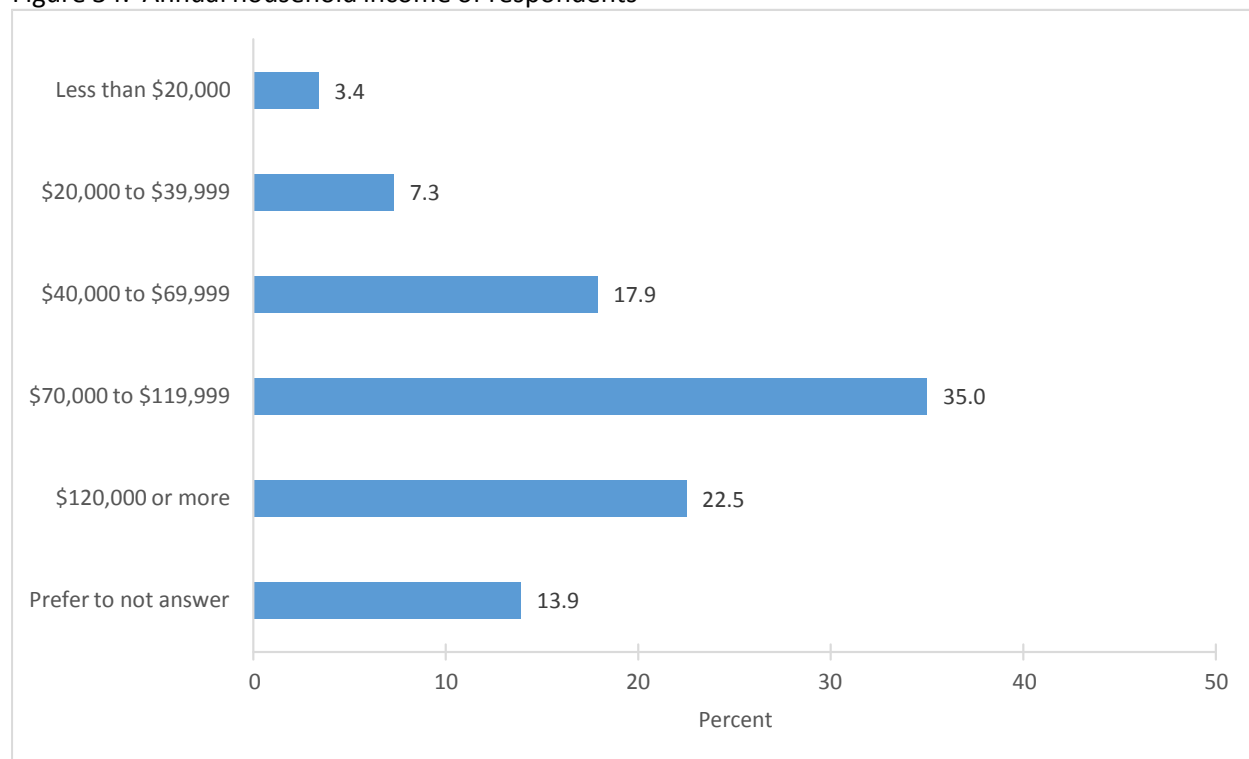
Figure 33. Race/ethnicity of respondents



N=378

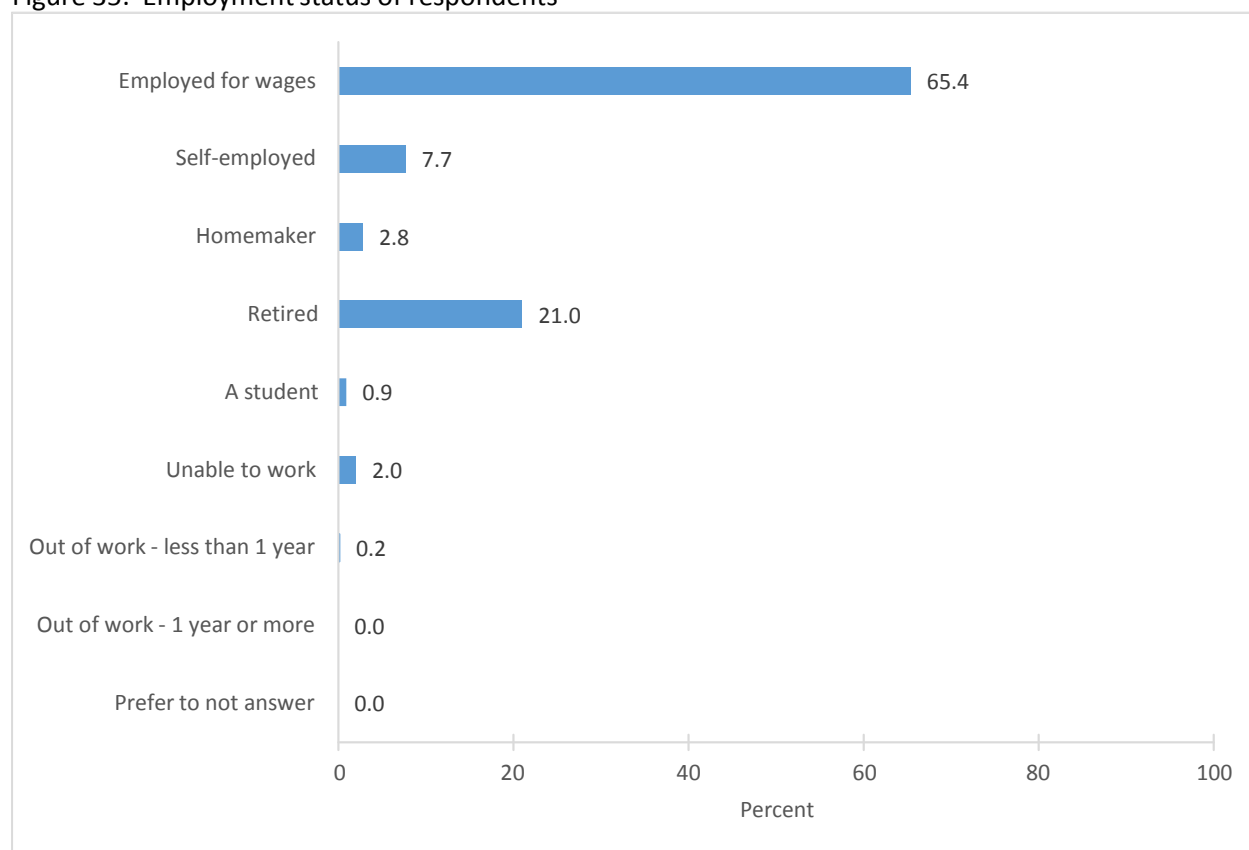
\*Percentages do not total 100.0 due to multiple responses.

Figure 34. Annual household income of respondents



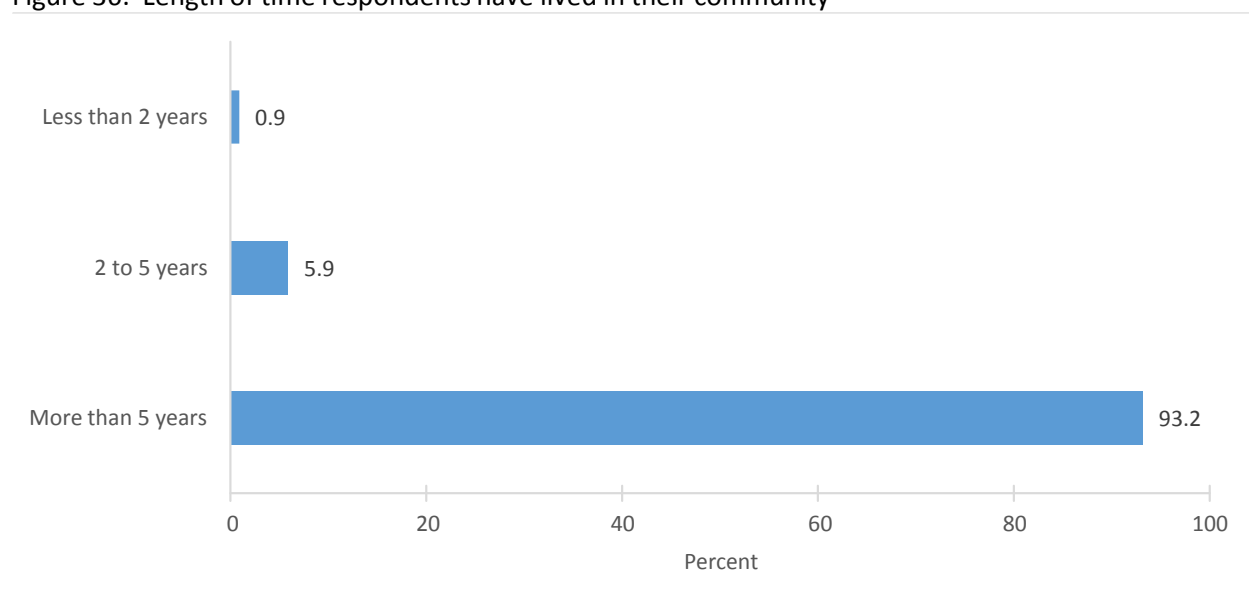
N=366

Figure 35. Employment status of respondents



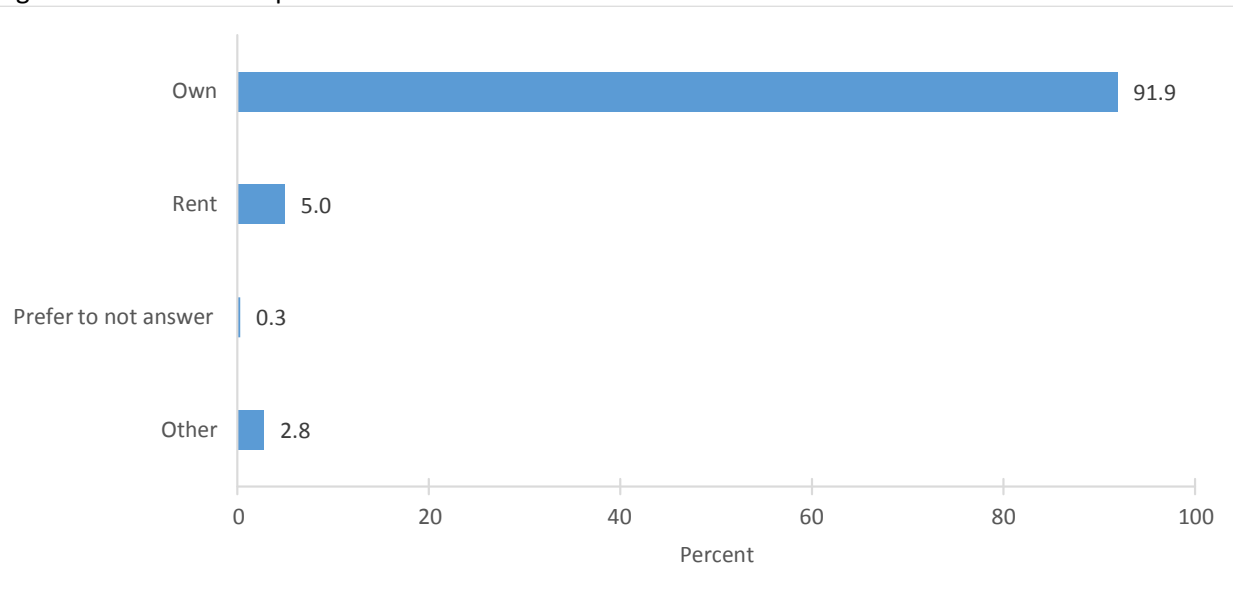
N=376

Figure 36. Length of time respondents have lived in their community



N=378

Figure 37. Whether respondents own or rent their home



N=374

Figure 38. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care coverage

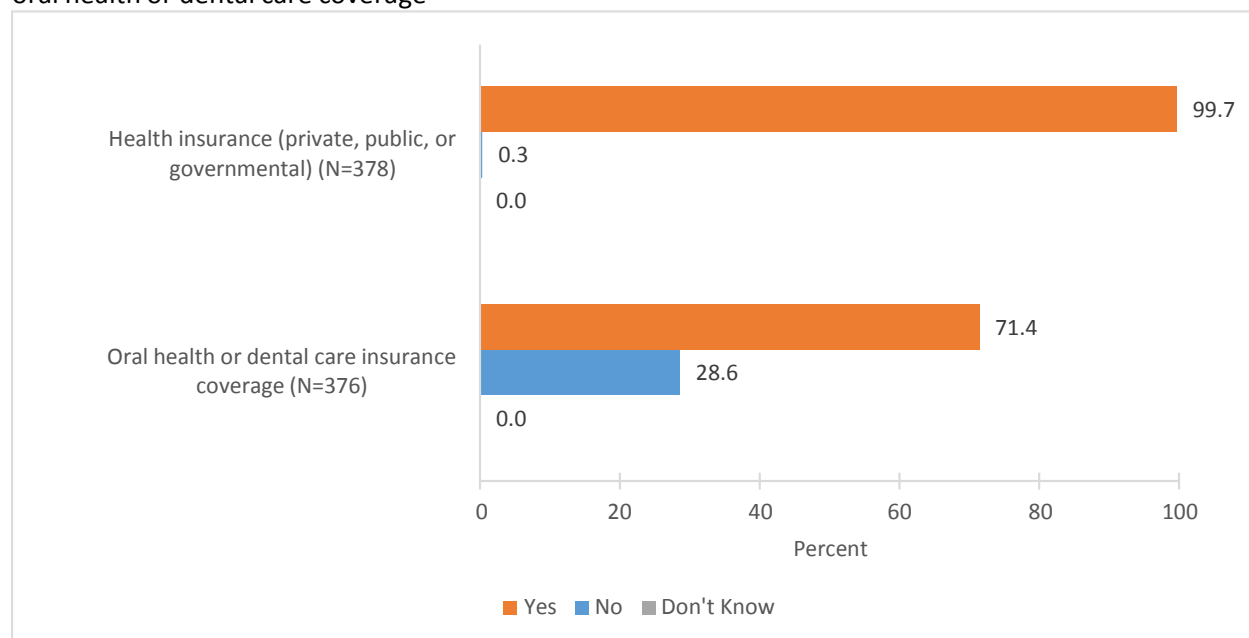
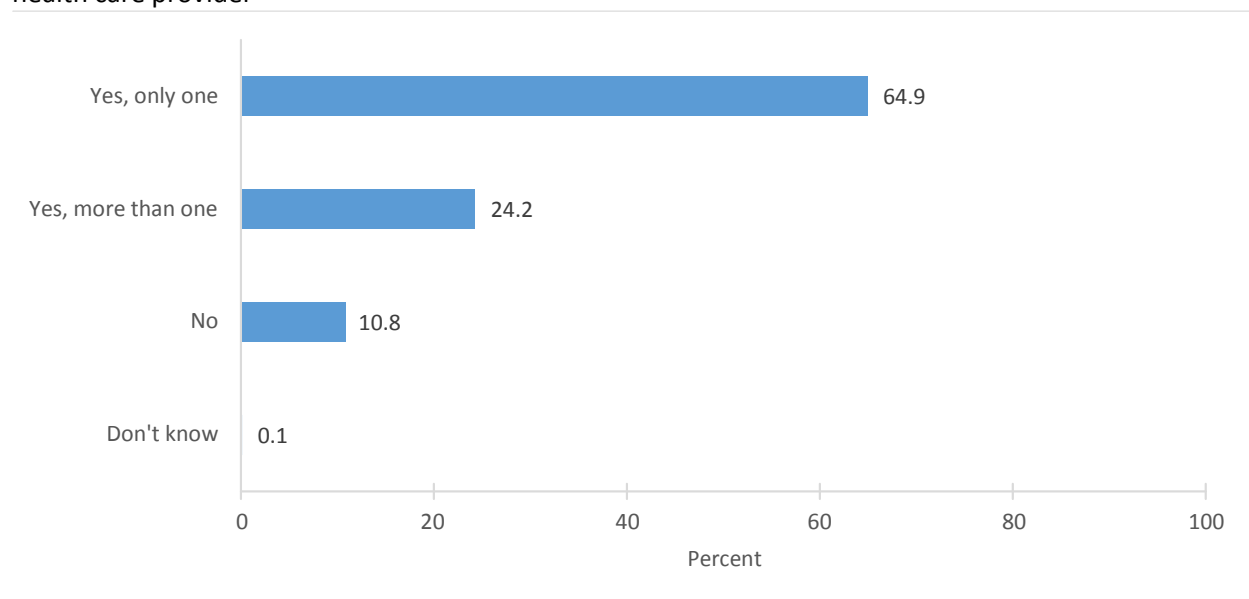


Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider



N=377

Figure 40. Facilities that respondents go to most often when they are sick and take their children when they are sick

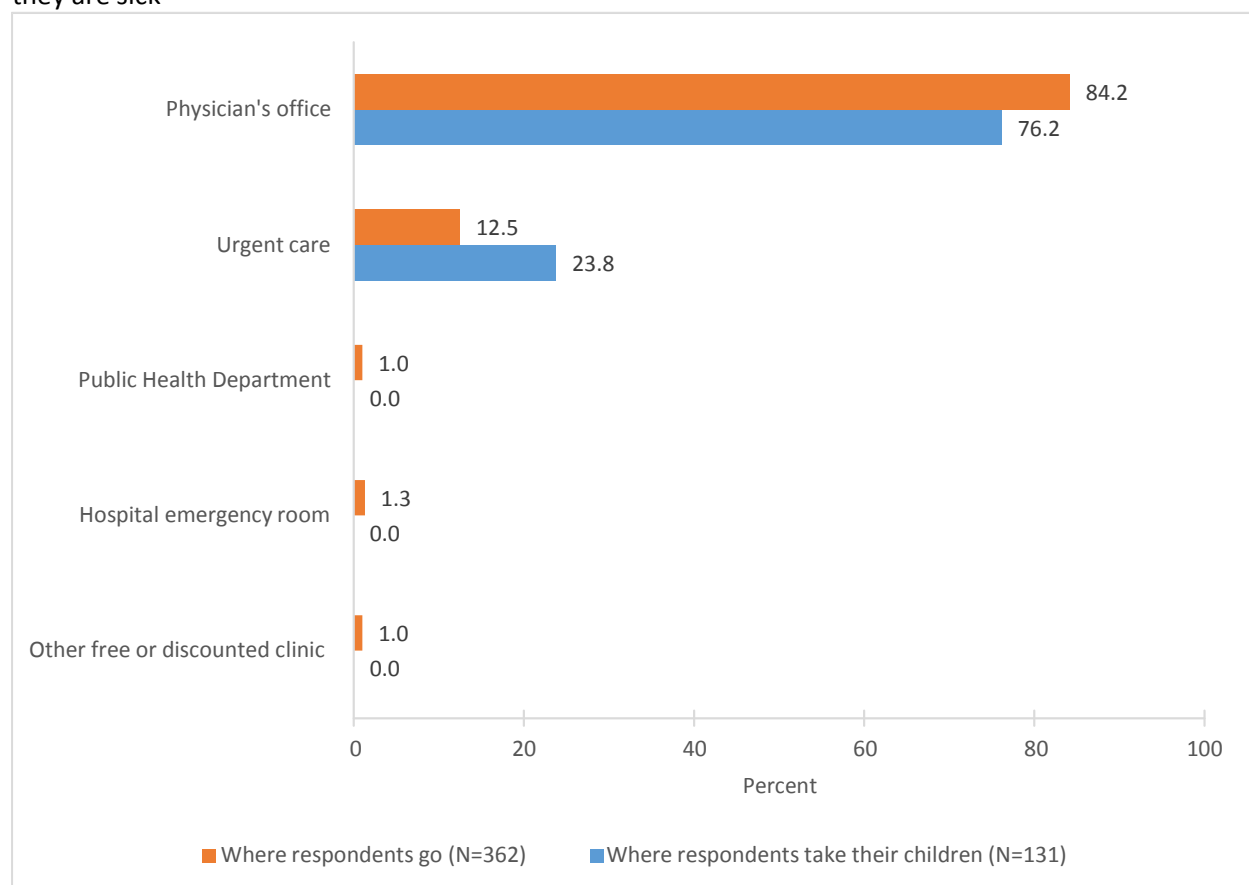
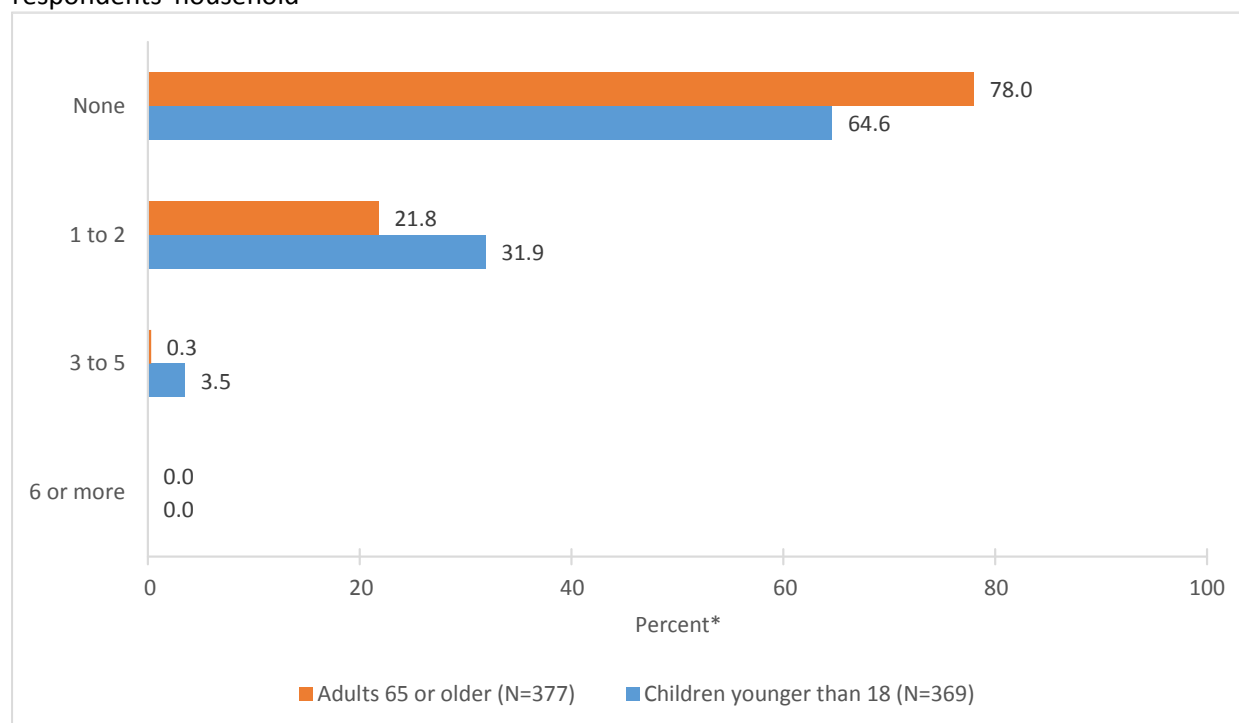
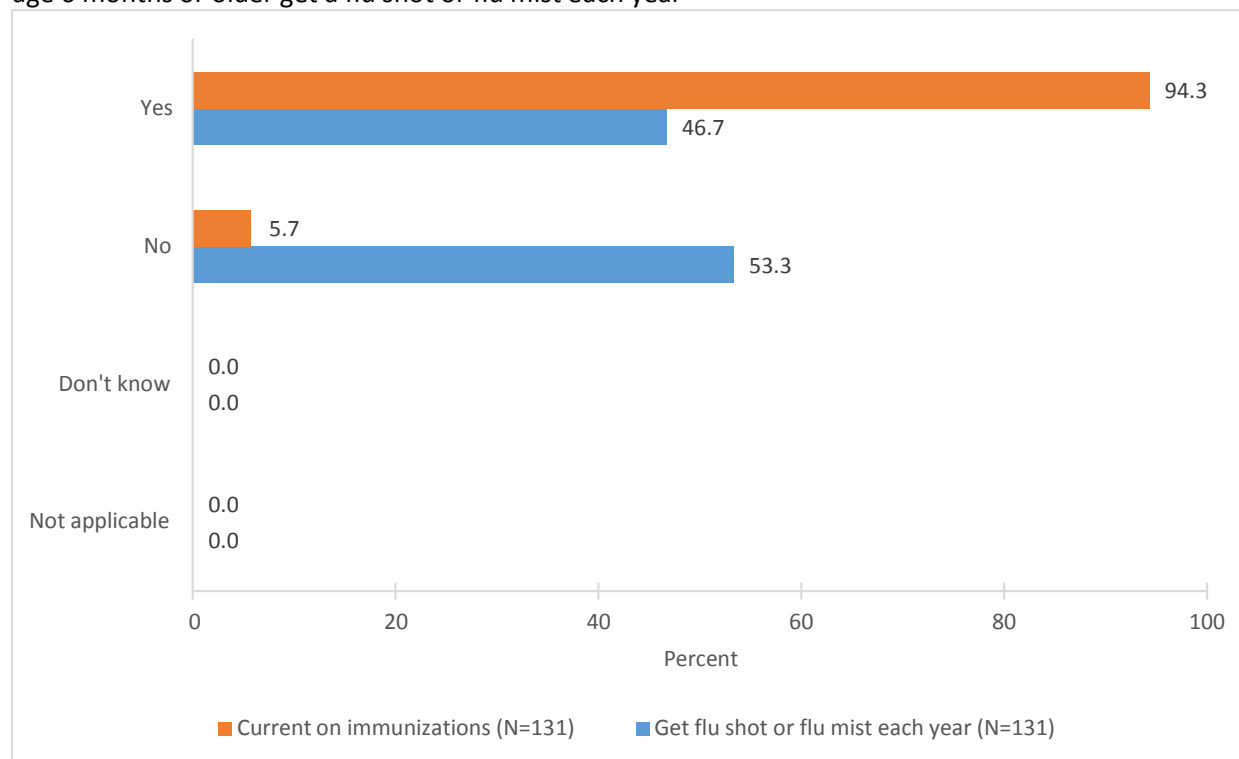


Figure 41. Number of children younger than 18 and number of adults age 65 or older living in respondents' household



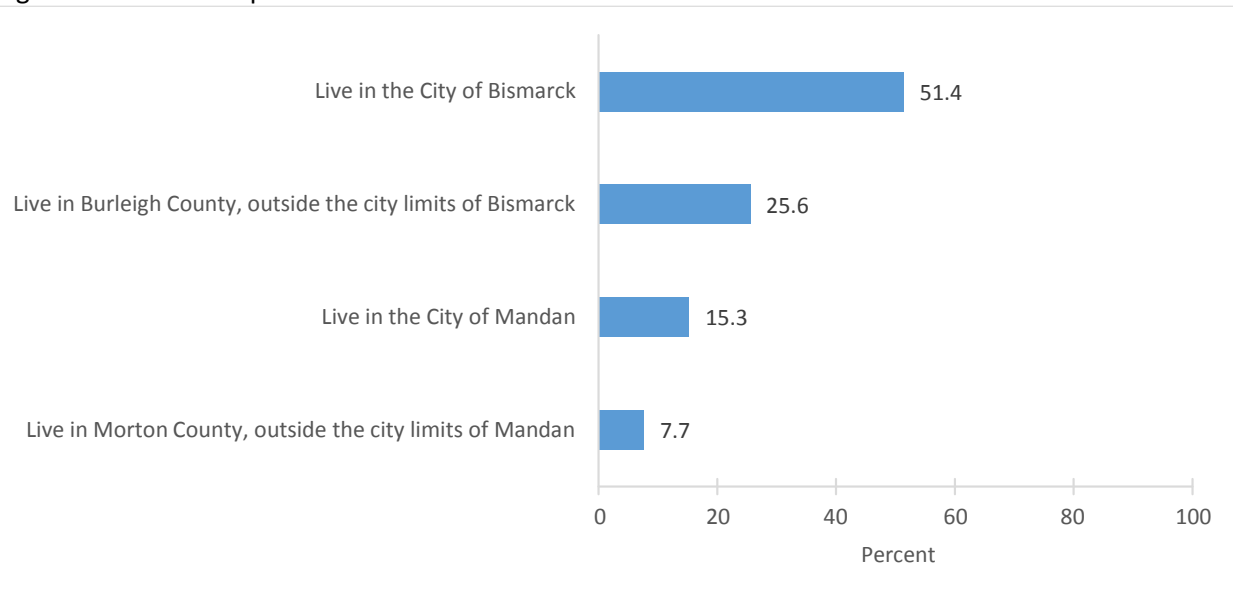
\*Percentages may not total 100.0 due to rounding.

Figure 42. Of parents, whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year\*



\*Of respondents who have children younger than 18 years of age living in their household

Figure 43. Where respondents live



N=356

Table 3. Zip code of respondents

Zip Code	Number of respondents	Zip Code	Number of respondents
58501	107	56503	1
58503	87	58477	1
58504	77	58507	1
58554	67	58558	1
58563	9	58560	1
58521	8	58566	1
58502	3	58591	1
58494	2	58593	1
58572	2	58594	1
58638	2	58631	1



# **Burleigh County Community Health Profile**

May 26, 2015



Stephen Pickard, MD  
North Dakota Department of Health

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## POPULATION DATA

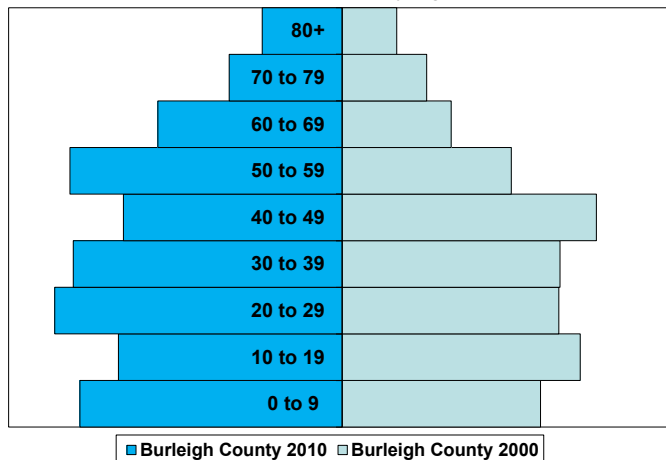
1

Population by Age Group, 2011-2013 ACS Estimates				
Burleigh County			North Dakota,	
Age Group	Number	Percent	Number	Percent
0-9	11,791	13.7%	91,871	12.7%
10-19	10,064	11.7%	93,318	12.9%
20-29	12,928	15.0%	124,424	17.2%
30-39	12,091	14.1%	91,148	12.6%
40-49	9,834	11.4%	79,573	11.0%
50-59	12,246	14.3%	101,998	14.1%
60-69	8,287	9.6%	69,446	9.6%
70-79	5,076	5.9%	41,233	5.7%
80+	3,590	4.2%	31,829	4.4%
Total	85,907	100.0%	724,840	100.0%
0-17	19,368	22.5%	161,317	22.3%
65+	11,828	13.8%	102,722	14.2%

The Demographic Section of this report comes from the US Census Bureau ([www.census.gov](http://www.census.gov)). Most tables are derived either from the Census estimates for 2013 or from the Community Population Survey aggregated over a several year period. The table header describes the specific years from which the data is derived. The table showing percent population change uses census data from 2000 also. Tables present number of persons and percentages which in almost all circumstances represent the category specific percentage of all persons referenced by the table (e.g., percentage of persons age 15 and older who are married). Age specific poverty rates represent the percentage of each age group which is in poverty (e.g., percentage of children under five years in poverty).

2

Number of Residents by Age Group



3

Female Population and Percentage Female by Age, 2011-2013 ACS Estimates

Burleigh County 2011-2013			North Dakota, 2013	
Age Group	Number	Percent	Number	Percent
0-9	6,069	51.5%	45,342	49.4%
10-19	4,759	47.3%	44,988	48.2%
20-29	6,462	50.0%	55,615	44.7%
30-39	5,807	48.0%	41,092	45.1%
40-49	4,803	48.8%	39,675	49.9%
50-59	6,506	53.1%	50,656	49.7%
60-69	4,104	49.5%	34,361	49.5%
70-79	2,882	56.8%	21,254	51.5%
80+	2,271	63.2%	20,546	64.5%
Total	43,664	50.8%	353,530	48.8%
0-17	9,606	22.0%	78,484	48.7%
65+	6,768	15.5%	50,201	48.9%

4

Decennial Population Change, 1990 to 2000, 2000 to 2010

Census	Burleigh County	10 Year Change	North Dakota	10 Year Change
1990	60,131	(%)	638,800	(%)
2000	69,416	15.4%	642,200	0.5%
2010	81,308	17.1%	672,591	4.7%

## POPULATION DATA

5

Race, 2011-2013 ACS Three Year Estimates				
Burleigh County 2011-2013			North Dakota 2013	
Race	Number	Percentage	Number	Percentage
Total	85,907	100.0%	723,393	100.0%
White	79,596	92.7%	643,478	89.0%
Black	631	0.7%	10,827	1.5%
Am. Indian	3,558	4.1%	40,214	5.6%
Asian	480	0.6%	9,096	1.3%
Pac. Islander	16	0.0%	371	0.1%
Other	196	0.2%	4,620	0.6%
Multirace	1,430	1.7%	29,574	4.1%

6

Household Populations, 2011-2013 ACS Three Year Estimates				
Burleigh County			North Dakota	
	Number	Percent	Number	Percent
Total	85,907	100.0%	703,203	100.0%
In Family Households	65,847	76.6%	530,615	75.5%
In Non-Family Households	17,043	19.8%	146,330	20.8%
Total In Households	82,890	96.5%	676,945	96.3%
Institutionalized*	1519	1.8%	9,675	1.4%
Non-institutionalized*	1,498	1.7%	16,583	2.4%
Total in Group Quarters	3,017	3.5%	26,258	3.7%

7

Marital Status of Persons Age 15 and Older, 2011-2013 ACS Three Year Estimate				
Burleigh County			North Dakota	
Marital Status	Number	Percent	Number	Percent
Total Age 15+	69,501	100.0%	561,346	100.0%
Never Married	21,337	30.7%	177,385	31.6%
Now Married	36,627	52.7%	291,900	52.0%
Separated	487	0.7%	5,052	0.9%
Widowed	4,101	5.9%	33,681	6.0%
Divorced	6,950	10.0%	53,328	9.5%

8

Educational Attainment Among Persons 25+, 2011-2013 ACS Three Year Estimate				
Burleigh County			North Dakota	
Education	Number	Percent	Number	Percent
Total	57,577	100.0%	457,771	100.0%
Less than 9th Grade	2,015	3.5%	19,226	4.2%
Some High School	1,612	2.8%	21,057	4.6%
High school or GRE	14,222	24.7%	125,429	27.4%
Some College / Asso. Degree	20,728	36.0%	168,002	36.7%
Bachelor's degree	12,552	21.8%	89,723	19.6%
Post Graduate Degree	6,391	11.1%	34,791	7.6%

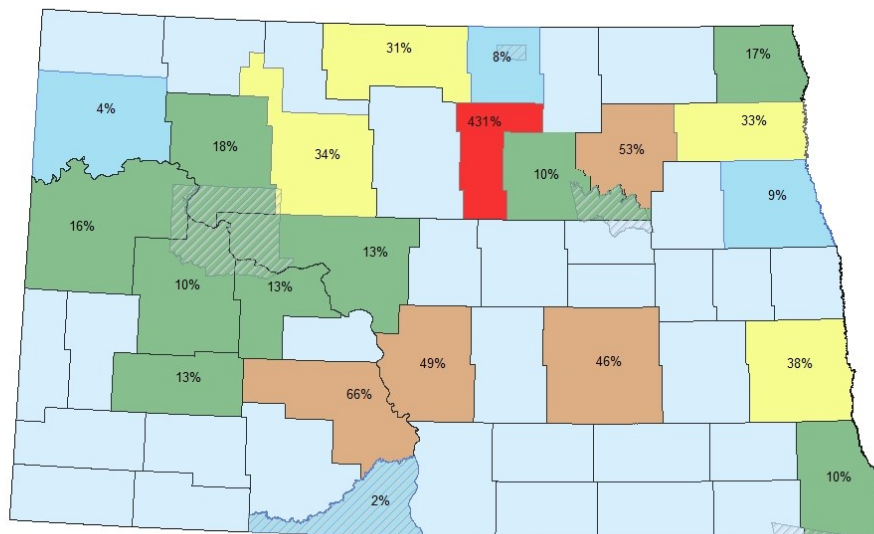
## POPULATION DATA

**5A**

Population Distribution				
County	Total Population	Number American Indians*	Percent of County	Percent of All AI in State
Rolette	13937	10763	77.2%	29.4%
Benson	6660	3663	55.0%	10.0%
Sioux	4153	3492	84.1%	9.5%
Burleigh	81308	3393	4.2%	9.3%
Mountrail	7673	2348	30.6%	6.4%
Cass	149778	1827	1.2%	5.0%
Grand Forks	66861	1657	2.5%	4.5%
Ward	61675	1630	2.6%	4.5%
McKenzie	6360	1412	22.2%	3.9%
Morton	27471	1000	3.6%	2.7%
Ramsey	11451	994	8.7%	2.7%
Williams	22398	899	4.0%	2.5%
McLean	8962	625	7.0%	1.7%
Dunn	3536	449	12.7%	1.2%
Richland	16321	330	2.0%	0.9%
Stutsman	21100	300	1.4%	0.8%
Stark	24199	240	1.0%	0.7%
Cumulative for listed counties		35022		95.7%
Percentage of total in reservation counties				63.1%
=reservation county				
*American Indian=Single Race Only				

**5B**

Percentage Change in American Indian Population, 2000-2010



## POPULATION DATA

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Persons with Disability, 2011-2013 ACS Three Year Estimates					
Group	Burleigh County		North Dakota		
	Number	Percent	Number	Percent	
Total	84,113	100.0%	688,158	100.0%	
Any Disability	9,042	10.7%	72,762	10.6%	
No Disability	75,071	89.3%	615,396	89.4%	
Self Care Disability	1,465	1.7%	11,274	1.6%	
0-17 with any disability	569	2.9%	4,677	2.9%	
18-64 with any disability	4,452	8.3%	35,931	7.8%	
65+ with any disability	4,021	35.6%	32,154	31.3%	

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Income and Poverty Status by Age Group, 2011-2013 ACS Three Year Est				
	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
Median Household Income	\$63,411		\$54,920	
Per Capita Income	\$33,466		\$30,436	
Below Poverty Level	6,188	7.5%	80,644	11.9%
Under 5 years	731	13.2%	7,714	16.9%
5 to 11 years	887	11.4%	7,944	13.2%
12 to 17 years	411	7.2%	5,776	11.8%
18 to 64 years	3,563	6.8%	49,568	11.6%
65 to 74 years	197	3.3%	3,448	7.0%
75 years and over	399	7.6%	6,194	13.7%

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Family Poverty and Childhood and Elderly Poverty, 2011-2013 ACS Three Year Estimates				
	Burleigh County		North Dakota	
	Number	Percent*	Number	Percent*
Total Families	21,978	100.0%	176,378	100.0%
Families in Poverty	989	4.5%	13,052	7.4%
Families with Own Children	10250	46.6%	80,964	45.9%
Families with Own Children in Poverty	780	3.5%	10,121	5.7%
Families with Own Children and Female Parent Only	2502	11.4%	16,716	9.5%
Families with Own Children and Female Parent Only in Poverty	620	2.8%	6,452	3.7%
Total Known Children in Poverty	2,029	10.5%	21,434	13.3%
Total Known Age 65+ in Poverty	596	5.0%	9,642	9.4%

\* Percent family poverty is percent of total families

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Age of Housing, 2011-2013 ACS Three Year Estimates				
	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
Housing units: Total	37,313	100.0%	329,970	100.0%
1980 and Later	18,471	49.5%	128,111	38.8%
1970 to 1979	8,193	22.0%	66,396	20.1%
Prior to 1970	10,649	28.5%	135,463	41.1%

## Vital Statistics Data

### BIRTHS AND DEATHS DEFINITIONS

Vital Statistics Data comes from the birth and death records collected by the State of North Dakota aggregated over a five year period. All births and deaths represent the county of residence not the county of occurrence. The number of events is blocked if fewer than five. Formulas for calculating rates and ratios are as follows:

**Birth Rate** = Resident live births divided by the total resident population x 1000.

**Pregnancies** = Live births + Fetal deaths + Induced termination of pregnancy.

**Pregnancy Rate** = Total pregnancies divided by the total resident population x 1000.

**Fertility Rate** = Resident live births divided by female population (age 15-44) x 1000.

**Teenage Birth Rate** = Teenage births (age <20) divided by female teen population x 1000.

**Teenage Pregnancy Rate** =  
Teenage pregnancies (age <20) divided by female teen population x 1000.

**Out of Wedlock Live Birth Ratio** =  
Resident OOW live births divided by total resident live births x 1000.

**Out of Wedlock Pregnancy Ratio** =  
Resident OOW pregnancies divided by total pregnancies x 1000.

**Low Weight Ratio** =  
Low weight births (birth weight < 2500 grams) divided by total resident live births x 1000.

**Infant Death Ratio** = Number of infant deaths divided by the total resident live births x 1000.

**Childhood & Adolescent Deaths** = Deaths to individuals 1 - 19 years of age.

**Childhood and Adolescent Death Rate** =  
Number of resident deaths (age 1 - 19) divided by population (age 1 - 19) x 100,000.

**Crude Death Rate** = Death events divided by population x 100,000.

**Age-Adjusted Death Rate** = Death events with age specific adjustments x 100,000 population.

## Vital Statistics Data

### BIRTHS AND DEATHS

Births, 2009-2013				
	Burleigh County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	5,724	13	47,959	14
Pregnancies and Rate	6,262	15	52,505	15
Fertility Rate		66		72
Teen Births and Rate	320	16	2,118	12
Teen Pregnancies and Rate	396	20	3,725	21
Out of Wedlock Births and Ratio	1,787	312	15,686	327
Out of Wedlock Pregnancies and Ratio	2,237	357	19,436	370
Low Birth Weight Birth and Ratio	373	65	3,078	64

Child Deaths, 2009-2013				
	Burleigh County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	29	5	286	6
Child and Adolescent Deaths and Rate	26	25	270	32
Total Deaths and Crude Rate	3,149	733	29,616	866

Deaths and Age Adjusted Death Rate by Cause, 2009-2013		
	Burleigh County	North Dakota
	Number (Adj. Rate)	Number (Adj. Rate)
All Causes	3148 (673)	29,581 (702)
Heart Disease	581 (122)	6,762 (154)
Cancer	683 (148)	6,315 (156)
Stroke	178 (37)	1,664 (37)
Alzheimers Disease	420 (84)	2,189 (45)
COPD	143 (31)	1,707 (41)
Unintentional Injury	148 (33)	1,625 (44)
Diabetes Mellitus	91 (20)	1,022 (24)
Pneumonia and Influenza	50 (10)	682 (15)
Cirrhosis	30 (7)	394 (11)
Suicide	65 (17)	551 (16)



## Vital Statistics Data

### BIRTHS AND DEATHS

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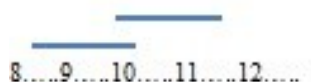
Leading Causes of Death by Age Group for Burleigh County, 2009-2013			
Age	1	2	3
0-4	Anomaly 10	SIDS Preg Comp	Unintentional Injury Prematurity
5-14	Suicide Unintentional Injury	Anomaly	Cancer
15-24	Unintentional Injury 15	Suicide 14	Cancer Heart
25-34	Unintentional Injury 17	Suicide 15	Heart 7
35-44	Suicide 15	Cancer 14	Unintentional Injury 12
45-54	Cancer 40	Heart 19	Unintentional Injury 15
55-64	Cancer 122	Heart 54	DM 14
65-74	Cancer 145	Heart 64	COPD 21
75-84	Cancer 213	Heart 160	Alzheimer's Dz 98
85+	Alzheimer's Dz 302	Heart 261	Cancer 145

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Leading Causes of Death by Age Group for North Dakota, 2006-2010			
Age	1	2	3
0-4	Congenital Anomaly 69	Prematurity 44	SIDS 40
5-14	Unintentional Injury 26	Cancer 10	Congenital Anomaly 6
15-24	Unintentional Injury 184	Suicide 109	Cancer 20
25-34	Unintentional Injury 166	Suicide 91	Heart 32
35-44	Unintentional Injury 173	Heart 94	Cancer 88
45-54	Cancer 493	Heart 335	Unintentional Injury 194
55-64	Cancer 1001	Heart 579	Unintentional Injury 137
65-74	Cancer 1562	Heart 843	COPD 313
75-84	Cancer 1992	Heart 1797	COPD 626
85+	Heart 3421	Alzheimer's Dz 1391	Cancer 1352

## ADULT BEHAVIORAL RISK FACTORS DEFINITION

The following three pages represent data received from the Adult Behavioral Risk Factor Surveillance Survey. The Adult Behavioral Risk Factor data are derived from aggregated data (the number of years specified is in the table) continuously collected by telephone survey from persons 18 years and older. All data is self-reported data. Numbers given are point estimate percentages followed by 95% confidence intervals. Statistical significance can be determined by comparing confidence intervals between two geographic areas. To be statistically significant, confidence intervals may not overlap. For example the confidence intervals 9.3 (8.3-10.2) and 10.8 (10.0-11.6) overlap (see picture below) so the difference between the two numbers is not statistically significant. That means that substantial uncertainty remains whether the apparent difference is due to chance alone (due to sampling variation) rather than representing a true difference in the prevalence of the condition in the two populations. The less they overlap, the more likely it is that the point estimates represent truly different prevalences in the two populations.



## ADULT BEHAVIORAL RISK FACTORS, 2011-2013

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	ALCOHOL	Burleigh County 2011-2013	North Dakota 2011-2013
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	24.0 (21.2-26.7)	24.2 (23.2-25.1)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days	6.7 ( 4.8- 8.7)	6.8 ( 6.2- 7.4)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	NA	1.9 ( 1.5- 2.4)
	ARTHRITIS		
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form of arthritis.	25.2 (22.9-27.5)	25.1 (24.3-25.9)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	8.0 ( 6.6- 9.4)	8.3 ( 7.8- 8.8)
	ASTHMA		
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	11.2 ( 9.3-13.2)	11.5 (10.7-12.2)
Current Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma and who still have asthma.	7.7 ( 6.1- 9.3)	8.1 ( 7.5- 8.7)
	BODY WEIGHT		
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight)	36.1 (33.3-38.9)	36.7 (35.7-37.7)
Obese	Respondents with a body mass index greater than or equal to 30 (obese)	28.9 (26.2-31.7)	29.4 (28.5-30.4)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese)	65.0 (62.1-67.9)	66.1 (65.1-67.2)
	CANCER		
Ever Cancer	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had cancer (excluding skin cancer).	6.8 ( 5.7- 8.0)	6.4 ( 6.0- 6.8)

## ADULT BEHAVIORAL RISK FACTORS, 2011-2013

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	CARDIOVASCULAR	Burleigh County	North Dakota
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	4.8 ( 3.7- 5.9)	4.3 ( 3.9- 4.6)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	4.9 ( 3.8- 6.0)	4.1 ( 3.7- 4.4)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	2.7 ( 1.9- 3.5)	2.3 ( 2.0- 2.5)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke.	8.5 ( 7.1-10.0)	7.6 ( 7.1- 8.0)
CHOLESTEROL			
Never Cholesterol Test	Respondents who reported never having a cholesterol test	19.1 (16.1-22.2)	22.3 (21.1-23.4)
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years	23.9 (20.7-27.1)	26.7 (25.5-27.9)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	39.7 (36.3-43.2)	36.6 (35.4-37.8)
CHRONIC LUNG DISEASE			
COPD	Respondents who have ever been told by a doctor, nurse or other health professional ever told you that they have COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis?	4.2 ( 3.1- 5.2)	4.6 ( 4.2- 5.0)
COLORECTAL CANCER			
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	91.0 (87.4-94.5)	86.2 (84.8-87.6)
Never Sigmoidoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	35.8 (29.2-42.3)	38.0 (35.9-40.2)
DIABETES			
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	8.0 ( 6.6- 9.4)	8.5 ( 8.0- 9.0)
FRUITS AND VEGETABLES			
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	86.6 (84.3-88.8)	85.9 (85.0-86.7)

## ADULT BEHAVIORAL RISK FACTORS, 2011-2013

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	GENERAL HEALTH	Burleigh County	North Dakota
Fair or Poor Health	Respondents who reported that their general health was fair or poor	13.6 (11.5-15.6)	14.0 (13.3-14.7)
Poor physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good	11.7 ( 9.8-13.6)	11.6 (11.0-12.3)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good	9.4 ( 7.6-11.1)	10.8 (10.2-11.5)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	7.3 ( 5.8- 8.9)	7.1 ( 6.6- 7.6)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	19.3 (17.0-21.5)	17.9 (17.2-18.7)
	HEALTH CARE ACCESS		
Health Insurance	Respondents who reported not having any form or health care coverage	10.3 ( 8.1-12.4)	12.4 (11.6-13.1)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	9.0 ( 7.0-11.1)	8.1 ( 7.4- 8.7)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	19.7 (17.2-22.3)	26.0 (25.0-26.9)
	HYPERTENSION		
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	28.7 (25.9-31.5)	29.5 (28.6-30.6)
	IMMUNIZATION		
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	42.6 (37.5-47.7)	40.3 (38.6-42.0)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	32.9 (27.9-37.8)	29.4 (27.8-31.0)
	INJURY		
Fall	Respondents 45 years and older who reported that they had fallen in the past 12 months	25.1 (19.7-30.6)	27.8 (25.9-29.6)
Seat Belt	Respondents who reported not always wearing their seatbelt	30.0 (27.1-32.8)	32.6 (31.6-33.6)

## ADULT BEHAVIORAL RISK FACTORS, 2011-2013

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	ORAL HEALTH	Burleigh County	North Dakota
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	26.0 (20.7-31.3)	32.8 (31.0-34.7)
Tooth Loss	Respondents who reported they ever had a permanent tooth extracted.	35.9 (30.6-41.3)	43.2 (41.4-45.0)
	PHYSICAL ACTIVITY		
Recommend Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity	51.7 (48.2-55.2)	53.8 (52.6-55.1)
Inactive	Respondents reporting little or no physical activity	25.7 (22.6-28.8)	30.4 (29.3-31.6)
	TOBACCO		
Current Smoking	Respondents who reported that they smoked every day or some days	17.7 (15.3-20.1)	21.6 (20.6-22.5)
	WOMEN'S HEALTH		
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	23.7 (14.7-32.7)	23.7 (20.9-26.5)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years	29.4 (21.8-37.1)	26.4 (24.0-28.9)

## CRIME

### Burleigh County

	2009	2010	2011	2012	2013	5 year	5-Year Rate
Murder	3	1	3	1	2	10	2.4
Rape	19	31	33	37	30	150	36.3
Robbery	12	17	15	17	15	76	18.4
Assault	137	177	145	188	181	828	200.3
Violent crime	171	226	196	243	228	1,064	257.4
Burglary	252	219	322	372	392	1,557	376.6
Larceny	1,422	1,376	1,657	1,645	1,413	7,513	1817.4
Motor vehicle theft	121	99	127	119	122	588	142.2
Property crime	1,795	1,694	2,106	2,136	1,927	9,658	2336.3
Total	1,966	1,920	2,302	2,379	2,155	10,722	2593.6

### North Dakota

	2009	2010	2011	2012	2013	5 year	5-Year Rate
Murder	15	11	15	20	14	75	2.2
Rape	206	222	207	243	237	1,115	32.6
Robbery	102	85	91	117	151	546	16.0
Aggrav. Assault	795	847	1,040	1,071	1,156	4,909	143.6
Violent crime	1,118	1,165	1,353	1,451	1,558	6,645	194.3
Burglary	2,180	1,826	2,227	2,200	2,656	11,089	324.3
Larceny	8,699	8,673	9,344	10,184	10,243	47,143	1378.6
Motor vehicle theft	854	825	763	854	1,228	4,524	132.3
Property crime	11,733	11,324	12,334	13,238	14,127	62,756	1835.2
Total	12,851	12,489	13,687	14,689	15,685	69,401	2029.5

## CHILD HEALTH INDICATORS

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Child Indicators: Education 2013	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
Enrolled in Special Education Ages 3-21 (Number and percent of total school enrollment)	1,363	11%	13,399	13.0%
High School Dropouts (Dropouts per 100 persons Grades 9-12)*	121	3.0%	888	2.8%
Average Expenditure per Student in Public School	\$9,375		\$10,964	

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Child Indicators: Economic Health 2013	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
TANF Recipients Ages 0-19 (Percentage of persons ages 0-19)	455	2.0%	5,358	2.9%
Food Stamp (SNAP) Recipients Ages 0-18 (Percentage of all children ages 0-19)	3,472	16%	37,826	23%
Children Receiving Free or Reduced Price Lunch (Percentage of total school enrollment)	2,769	20%	34,381	31%
Medicaid Recipients Ages 0-20 (Percentage of all persons ages 0-20)*	5,272	22%	53,814	27%
Children Ages 0-17 Living in Extreme Poverty (Percentage of children 0-17 for whom poverty is determined)	1,091	5.8%	10,114	6.2%
Median Income for Families with Children Ages 0-17 (Percentage of all women with children ages 0-17)	\$81,125		\$70,530	

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Child Indicators: Families and Child Care 2013	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
Mothers in Labor Force with a Child Ages 0-17 (Percentage of all mothers with a child ages 0-17)	8,236	87%	57,908	81%
Children Ages 0-17 Living in a Single Parent Family (Percentage of all children ages 0-17)	4,113	22%	34,591	23%
Children in Foster Care (Percentage of children ages 0-18)*	262	1.3%	2,019	1.2%
Children Ages 0-17 with Suspected Child Abuse or Neglect (Percentage of children 0-17)	841	4.4%	6,170	4.0%
Children Ages 0-17 Impact by Domestic Violence (Percentage of all children ages 0-17)**	897	5.1%	4,739	2.9%
Births to Mothers with Inadequate Prenatal Care (Percentage of Total Births)	39	3.2%	508	4.8%

\*\*2010

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Child Indicators: Juvenile Justice 2013	Burleigh County		North Dakota	
	Number	Percent	Number	Percent
Children Ages 10-17 Referred to Juvenile Court (Percentage of all children ages 0-17)	635	7.8%	3,789	5.8%
Offense Against Person Juvenile Court Referral (Percentage of total juvenile court referral)	85	7%	689	9.8%
Alcohol-Related Juvenile Court Referral (Percentage of all juvenile court referrals)*	160	12.0%	909	13%



# **Morton County Community Health Profile**

May 26, 2015



Stephen Pickard, MD  
North Dakota Department of Health

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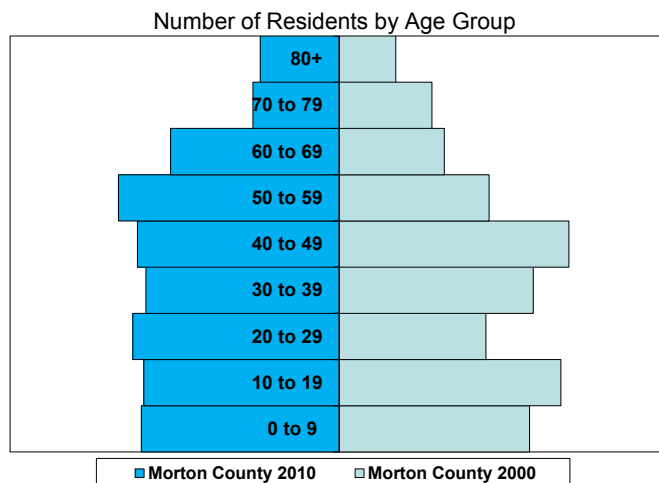
## POPULATION DATA

1

Population by Age Group, 2011-2013 ACS Estimates				
Morton County			North Dakota,	
Age Group	Number	Percent	Number	Percent
0-9	3,607	12.8%	91,871	12.7%
10-19	3,560	12.6%	93,318	12.9%
20-29	3,760	13.3%	124,424	17.2%
30-39	3,522	12.5%	91,148	12.6%
40-49	3,697	13.1%	79,573	11.0%
50-59	4,024	14.2%	101,998	14.1%
60-69	3,072	10.9%	69,446	9.6%
70-79	1,574	5.6%	41,233	5.7%
80+	1,438	5.1%	31,829	4.4%
Total	28,254	100.0%	724,840	100.0%
0-17	6,469	22.9%	161,317	22.3%
65+	4,147	14.7%	102,722	14.2%

The Demographic Section of this report comes from the US Census Bureau ([www.census.gov](http://www.census.gov)). Most tables are derived either from the Census estimates for 2013 or from the Community Population Survey aggregated over a several year period. The table header describes the specific years from which the data is derived. The table showing percent population change uses census data from 2000 also. Tables present number of persons and percentages which in almost all circumstances represent the category specific percentage of all persons referenced by the table (e.g., percentage of persons age 15 and older who are married). Age specific poverty rates represent the percentage of each age group which is in poverty (e.g., percentage of children under five years in poverty).

2



3

Female Population and Percentage Female by Age, 2011-2013 ACS Estimates				
Morton County 2011-2013			North Dakota, 2013	
Age Group	Number	Percent	Number	Percent
0-9	1,725	47.8%	45,342	49.4%
10-19	1,781	50.0%	44,988	48.2%
20-29	1,781	47.4%	55,615	44.7%
30-39	1,682	47.8%	41,092	45.1%
40-49	1,979	53.5%	39,675	49.9%
50-59	1,951	48.5%	50,656	49.7%
60-69	1,470	47.9%	34,361	49.5%
70-79	905	57.5%	21,254	51.5%
80+	848	59.0%	20,546	64.5%
Total	14,138	50.0%	353,530	48.8%
0-17	3,096	21.9%	78,484	48.7%
65+	2,276	16.1%	50,201	48.9%

4

Decennial Population Change, 1990 to 2000, 2000 to 2010				
Census	Morton County	10 Year Change (%)	North Dakota	10 Year Change (%)
1990	23,700	(%)	638,800	(%)
2000	25,303	6.8%	642,200	0.5%
2010	27,471	6.3%	672,591	4.7%

## POPULATION DATA

5

Race, 2011-2013 ACS Three Year Estimates				
Race	Morton County 2009-2013		North Dakota 2013	
	Number	Percentage	Number	Percentage
Total	27,874	100.0%	723,393	100.0%
White	26,011	93.3%	643,478	89.0%
Black	126	0.5%	10,827	1.5%
Am. Indian	1,105	4.0%	40,214	5.6%
Asian	47	0.2%	9,096	1.3%
Pac. Islander	0	0.0%	371	0.1%
Other	174	0.6%	4,620	0.6%
Multirace	411	1.5%	29,574	4.1%

6

Household Populations, 2011-2013 ACS Three Year Estimates				
	Morton County		North Dakota	
	Number	Percent	Number	Percent
Total	28,254	100.0%	703,203	100.0%
In Family Households	22,702	80.3%	530,615	75.5%
In Non-Family Households	4,913	17.4%	146,330	20.8%
Total In Households	27,615	97.7%	676,945	96.3%
Institutionalized*	462	1.6%	9,675	1.4%
Non-institutionalized*	177	0.6%	16,583	2.4%
Total in Group Quarters	639	2.3%	26,258	3.7%

7

Marital Status of Persons Age 15 and Older, 2009-2013 ACS Five Year Estimate				
Marital Status	Morton County		North Dakota	
	Number	Percent	Number	Percent
Total Age 15+	22,550	100.0%	561,346	100.0%
Never Married	5,615	24.9%	177,385	31.6%
Now Married	13,192	58.5%	291,900	52.0%
Separated	68	0.3%	5,052	0.9%
Widowed	1,421	6.3%	33,681	6.0%
Divorced	2,278	10.1%	53,328	9.5%

8

Educational Attainment Among Persons 25+, 2011-2013 ACS Three Year Estimate				
Education	Morton County		North Dakota	
	Number	Percent	Number	Percent
Total	19,410	100.0%	457,771	100.0%
Less than 9th Grade	912	4.7%	19,226	4.2%
Some High School	757	3.9%	21,057	4.6%
High school or GRE	5,629	29.0%	125,429	27.4%
Some College / Asso. Degree	7,434	38.3%	168,002	36.7%
Bachelor's degree	3,610	18.6%	89,723	19.6%
Post Graduate Degree	1,068	5.5%	34,791	7.6%

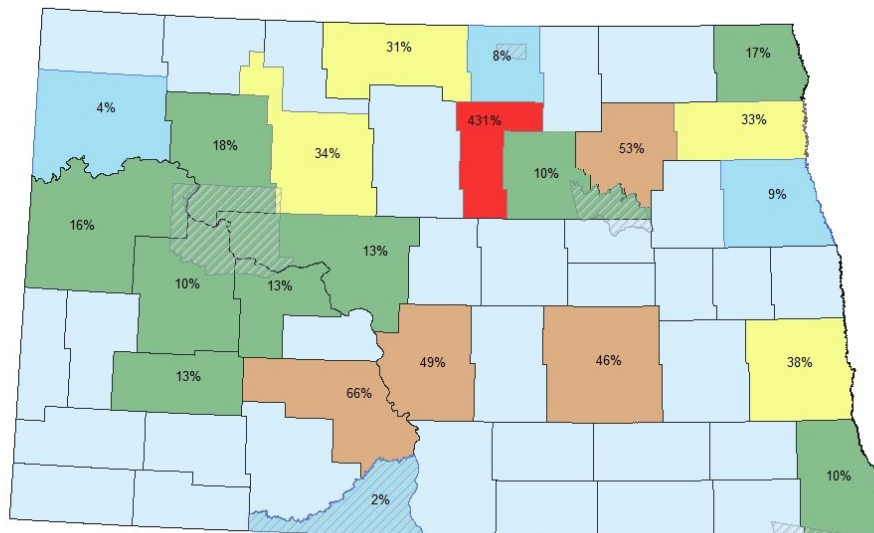
## POPULATION DATA

**5A**

Population Distribution					
			Number		Percent of
			American	Percent of	Percent of
			Indians*	County	All AI in
County			Total		State
			Population		
Rolette			13937	10763	77.2%
Benson			6660	3663	55.0%
Sioux			4153	3492	84.1%
Burleigh		81308	3393	4.2%	9.3%
Mountrail			7673	2348	30.6%
Cass		149778	1827	1.2%	5.0%
Grand Forks			66861	1657	2.5%
Ward		61675	1630	2.6%	4.5%
McKenzie			6360	1412	22.2%
Morton		27471	1000	3.6%	2.7%
Ramsey			11451	994	8.7%
Williams		22398	899	4.0%	2.5%
McLean			8962	625	7.0%
Dunn			3536	449	12.7%
Richland			16321	330	2.0%
Stutsman		21100	300	1.4%	0.8%
Stark		24199	240	1.0%	0.7%
Cumulative for listed counties				35022	
Percentage of total in reservation counties					
=reservation county					
*American Indian=Single Race Only					

**5B**

Percentage Change in American Indian Population, 2000-2010



## POPULATION DATA

9

Persons with Disability, 2011-2013 ACS Three Year Estimates					
Group	Morton County		North Dakota		
	Number	Percent	Number	Percent	
Total	27,694	100.0%	688,158	100.0%	
Any Disability	3,051	11.0%	72,762	10.6%	
No Disability	24,643	89.0%	615,396	89.4%	
Self Care Disability	447	1.6%	11,274	1.6%	
0-17 with any disability	285	4.4%	4,677	2.9%	
18-64 with any disability	1,275	7.3%	35,931	7.8%	
65+ with any disability	1,374	36.1%	32,154	31.3%	

10

Income and Poverty Status by Age Group, 2011-2013 ACS Three Year Est					
	Morton County		North Dakota		
	Number	Percent	Number	Percent	
Median Household Income	\$62,083		\$54,920		
Per Capita Income	\$29,749		\$30,436		
Below Poverty Level	2,509	9.2%	80,644	11.9%	
Under 5 years	247	13.7%	7,714	16.9%	
5 to 11 years	289	14.4%	7,944	13.2%	
12 to 17 years	112	5.9%	5,776	11.8%	
18 to 64 years	1,553	9.7%	49,568	11.6%	
65 to 74 years	112	5.5%	3,448	7.0%	
75 years and over	196	13.4%	6,194	13.7%	

11

Family Poverty and Childhood and Elderly Poverty, 2011-2013 ACS Three Year Estimates					
	Morton County		North Dakota		
	Number	Percent*	Number	Percent*	
Total Families	7,816	100.0%	176,378	100.0%	
Families in Poverty	446	5.7%	13,052	7.4%	
Families with Own Children	3,274	41.9%	80,964	45.9%	
Families with Own Children in Poverty	370	4.7%	10,121	5.7%	
Families with Own Children and Female Parent Only	824	10.5%	16,716	9.5%	
Families with Own Children and Female Parent Only in Poverty	296	3.8%	6,452	3.7%	
Total Known Children in Poverty	648	10.0%	21,434	13.3%	
Total Known Age 65+ in Poverty	308	7.4%	9,642	9.4%	

\* Percent family poverty is percent of total families

12

Age of Housing, 2011-2013 ACS Three Year Estimates				
	Morton County		North Dakota	
	Number	Percent	Number	Percent
Housing units: Total	12,645	100.0%	329,970	100.0%
1980 and Later	4,649	36.8%	128,111	38.8%
1970 to 1979	3,175	25.1%	66,396	20.1%
Prior to 1970	4,821	38.1%	135,463	41.1%

## Vital Statistics Data

### BIRTHS AND DEATHS DEFINITIONS

Vital Statistics Data comes from the birth and death records collected by the State of North Dakota aggregated over a five year period. All births and deaths represent the county of residence not the county of occurrence. The number of events is blocked if fewer than five. Formulas for calculating rates and ratios are as follows:

**Birth Rate** = Resident live births divided by the total resident population x 1000.

**Pregnancies** = Live births + Fetal deaths + Induced termination of pregnancy.

**Pregnancy Rate** = Total pregnancies divided by the total resident population x 1000.

**Fertility Rate** = Resident live births divided by female population (age 15-44) x 1000.

**Teenage Birth Rate** = Teenage births (age <20) divided by female teen population x 1000.

**Teenage Pregnancy Rate** =  
Teenage pregnancies (age <20) divided by female teen population x 1000.

**Out of Wedlock Live Birth Ratio** =  
Resident OOW live births divided by total resident live births x 1000.

**Out of Wedlock Pregnancy Ratio** =  
Resident OOW pregnancies divided by total pregnancies x 1000.

**Low Weight Ratio** =  
Low weight births (birth weight < 2500 grams) divided by total resident live births x 1000.

**Infant Death Ratio** = Number of infant deaths divided by the total resident live births x 1000.

**Childhood & Adolescent Deaths** = Deaths to individuals 1 - 19 years of age.

**Childhood and Adolescent Death Rate** =  
Number of resident deaths (age 1 - 19) divided by population (age 1 - 19) x 100,000.

**Crude Death Rate** = Death events divided by population x 100,000.

**Age-Adjusted Death Rate** = Death events with age specific adjustments x 100,000 population.

## Vital Statistics Data

### BIRTHS AND DEATHS

Births, 2009-2013				
	Morton County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	2,008	14	47,959	14
Pregnancies and Rate	2,147	15	52,505	15
Fertility Rate		76		72
Teen Births and Rate	129	18	2,118	12
Teen Pregnancies and Rate	157	22	3,725	21
Out of Wedlock Births and Ratio	661	329	15,686	327
Out of Wedlock Pregnancies and Ratio	780	363	19,436	370
Low Birth Weight Birth and Ratio	120	60	3,078	64

Child Deaths, 2009-2013				
	Morton County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	17	8	286	6
Child and Adolescent Deaths and Rate	6	18	270	32
Total Deaths and Crude Rate	1,266	896	29,616	866

Deaths and Age Adjusted Death Rate by Cause, 2009-2013		
	Morton County	North Dakota
	Number (Adj. Rate)	Number (Adj. Rate)
All Causes	1264 (744)	29,581 (702)
Heart Disease	224 (128)	6,762 (154)
Cancer	282 (169)	6,315 (156)
Stroke	66 (37)	1,664 (37)
Alzheimers Disease	123 (66)	2,189 (45)
COPD	72 (43)	1,707 (41)
Unintentional Injury	71 (47)	1,625 (44)
Diabetes Mellitus	44 (25)	1,022 (24)
Pneumonia and Influenza	17 (9)	682 (15)
Cirrhosis	22 (14)	394 (11)
Suicide	28 (20)	551 (16)



## Vital Statistics Data

### BIRTHS AND DEATHS

16

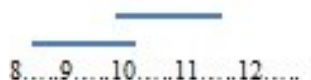
Leading Causes of Death by Age Group for Morton County, 2009-2013			
Age	1	2	3
0-4	Anomaly 5	Prematurity	SIDS
5-14			
15-24	Unintentional Injury 11	Suicide	Cancer
25-34	Unintentional Injury 10	Suicide 6	Heart 2
35-44	Suicide 6	Cancer 5 Unint. Injury 5	Heart
45-54	Cancer 19	Heart 8	Unintentional Injury 7
55-64	Cancer 45	Heart 12	Suicide 7
65-74	Cancer 74	Heart 30	COPD 17
75-84	Cancer 81	Heart 62	Alzheimer's Dz 30
85+	Heart 106	Alzheimer's Dz 87	Cancer 57

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Leading Causes of Death by Age Group for North Dakota, 2006-2010			
Age	1	2	3
0-4	Congenital Anomaly 69	Prematurity 44	SIDS 40
5-14	Unintentional Injury 26	Cancer 10	Congenital Anomaly 6
15-24	Unintentional Injury 184	Suicide 109	Cancer 20
25-34	Unintentional Injury 166	Suicide 91	Heart 32
35-44	Unintentional Injury 173	Heart 94	Cancer 88
45-54	Cancer 493	Heart 335	Unintentional Injury 194
55-64	Cancer 1001	Heart 579	Unintentional Injury 137
65-74	Cancer 1562	Heart 843	COPD 313
75-84	Cancer 1992	Heart 1797	COPD 626
85+	Heart 3421	Alzheimer's Dz 1391	Cancer 1352

## ADULT BEHAVIORAL RISK FACTORS DEFINITION

The following three pages represent data received from the Adult Behavioral Risk Factor Surveillance Survey. The Adult Behavioral Risk Factor data are derived from aggregated data (the number of years specified is in the table) continuously collected by telephone survey from persons 18 years and older. All data is self-reported data. Numbers given are point estimate percentages followed by 95% confidence intervals. Statistical significance can be determined by comparing confidence intervals between two geographic areas. To be statistically significant, confidence intervals may not overlap. For example the confidence intervals 9.3 (8.3-10.2) and 10.8 (10.0-11.6) overlap (see picture below) so the difference between the two numbers is not statistically significant. That means that substantial uncertainty remains whether the apparent difference is due to chance alone (due to sampling variation) rather than representing a true difference in the prevalence of the condition in the two populations. The less they overlap, the more likely it is that the point estimates represent truly different prevalences in the two populations.



## ADULT BEHAVIORAL RISK FACTORS, 2011-2013

**18**

	ALCOHOL	Morton County 2011-2013	North Dakota 2011-2013
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	23.3 (18.7-27.8)	24.2 (23.2-25.1)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days	5.2 ( 3.1- 7.2)	6.8 ( 6.2- 7.4)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	NA	1.9 ( 1.5- 2.4)
	ARTHRITIS		
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form of arthritis.	27.8 (23.7-31.9)	25.1 (24.3-25.9)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	6.8 ( 4.9- 8.7)	8.3 ( 7.8- 8.8)
	ASTHMA		
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	9.4 ( 6.5-12.3)	11.5 (10.7-12.2)
Current Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma and who still have asthma.	6.8 ( 4.4- 9.2)	8.1 ( 7.5- 8.7)
	BODY WEIGHT		
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight)	36.2 (31.4-41.0)	36.7 (35.7-37.7)
Obese	Respondents with a body mass index greater than or equal to 30 (obese)	30.2 (25.7-34.8)	29.4 (28.5-30.4)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese)	66.4 (61.4-71.5)	66.1 (65.1-67.2)
	CANCER		
Ever Cancer	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had cancer (excluding skin cancer).	6.5 ( 4.7- 8.2)	6.4 ( 6.0- 6.8)

## ADULT BEHAVIORAL RISK FACTORS, 2011-2013

**19**

	CARDIOVASCULAR	Morton County	North Dakota
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	4.7 ( 2.8- 6.7)	4.3 ( 3.9- 4.6)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	5.4 ( 3.5- 7.2)	4.1 ( 3.7- 4.4)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	2.5 ( 1.3- 3.6)	2.3 ( 2.0- 2.5)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke.	9.3 ( 6.8-11.9)	7.6 ( 7.1- 8.0)
CHOLESTEROL			
Never Cholesterol Test	Respondents who reported never having a cholesterol test	20.2 (14.5-25.8)	22.3 (21.1-23.4)
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years	24.1 (18.4-29.9)	26.7 (25.5-27.9)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	39.0 (33.3-44.7)	36.6 (35.4-37.8)
CHRONIC LUNG DISEASE			
COPD	Respondents who have ever been told by a doctor, nurse or other health professional ever told you that they have COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis?	6.0 ( 3.5- 8.4)	4.6 ( 4.2- 5.0)
COLORECTAL CANCER			
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	90.0 (83.7-96.3)	86.2 (84.8-87.6)
Never Sigmoidoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	33.4 (23.4-43.5)	38.0 (35.9-40.2)
DIABETES			
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	6.4 ( 4.6- 8.3)	8.5 ( 8.0- 9.0)
FRUITS AND VEGETABLES			
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	85.2 (80.9-89.5)	85.9 (85.0-86.7)

## ADULT BEHAVIORAL RISK FACTORS, 2011-2013

**20**

	GENERAL HEALTH	Morton County	North Dakota
Fair or Poor Health	Respondents who reported that their general health was fair or poor	15.1 (11.7-18.5)	14.0 (13.3-14.7)
Poor physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good	11.8 ( 8.8-14.7)	11.6 (11.0-12.3)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good	11.6 ( 8.1-15.0)	10.8 (10.2-11.5)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	8.0 ( 5.1-10.9)	7.1 ( 6.6- 7.6)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	18.5 (14.9-22.2)	17.9 (17.2-18.7)
HEALTH CARE ACCESS			
Health Insurance	Respondents who reported not having any form or health care coverage	12.6 ( 8.6-16.5)	12.4 (11.6-13.1)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	9.1 ( 5.7-12.6)	8.1 ( 7.4- 8.7)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	17.6 (13.6-21.5)	26.0 (25.0-26.9)
HYPERTENSION			
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	35.4 (30.0-40.7)	29.5 (28.6-30.6)
IMMUNIZATION			
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	39.1 (31.6-46.5)	40.3 (38.6-42.0)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	33.3 (26.1-40.6)	29.4 (27.8-31.0)
INJURY			
Fall	Respondents 45 years and older who reported that they had fallen in the past 12 months	33.1 (24.0-42.1)	27.8 (25.9-29.6)
Seat Belt	Respondents who reported not always wearing their seatbelt	34.9 (30.0-39.8)	32.6 (31.6-33.6)

## ADULT BEHAVIORAL RISK FACTORS, 2011-2013

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	ORAL HEALTH	Morton County	North Dakota
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	36.9 (28.1-45.8)	32.8 (31.0-34.7)
Tooth Loss	Respondents who reported they ever had a permanent tooth extracted.	43.2 (34.6-51.8)	43.2 (41.4-45.0)
	PHYSICAL ACTIVITY		
Recommend Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity	53.9 (47.9-59.8)	53.8 (52.6-55.1)
Inactive	Respondents reporting little or no physical activity	31.8 (26.3-37.4)	30.4 (29.3-31.6)
	TOBACCO		
Current Smoking	Respondents who reported that they smoked every day or some days	25.3 (20.4-30.2)	21.6 (20.6-22.5)
	WOMEN'S HEALTH		
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	NA	23.7 (20.9-26.5)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years	NA	26.4 (24.0-28.9)

## CRIME

### Morton County

	2009	2010	2011	2012	2013	5 year	5-Year Rate
Murder	0	0	1	2	0	3	2.1
Rape	17	12	10	13	14	66	47.3
Robbery	1	2	1	5	5	14	10.0
Assault	33	27	46	40	42	188	134.6
<b>Violent crime</b>	<b>51</b>	<b>41</b>	<b>58</b>	<b>60</b>	<b>61</b>	<b>271</b>	<b>194.0</b>
Burglary	56	35	116	66	79	352	252.0
Larceny	347	273	461	489	565	2,135	1528.6
Motor vehicle theft	39	26	39	50	56	210	150.4
<b>Property crime</b>	<b>442</b>	<b>334</b>	<b>616</b>	<b>605</b>	<b>700</b>	<b>2,697</b>	<b>1931.0</b>
<b>Total</b>	<b>493</b>	<b>375</b>	<b>674</b>	<b>665</b>	<b>761</b>	<b>2,968</b>	<b>2125.0</b>

### North Dakota

	2009	2010	2011	2012	2013	5 year	5-Year Rate
Murder	15	11	15	20	14	75	2.2
Rape	206	222	207	243	237	1,115	32.6
Robbery	102	85	91	117	151	546	16.0
Aggrav. Assault	795	847	1,040	1,071	1,156	4,909	143.6
<b>Violent crime</b>	<b>1,118</b>	<b>1,165</b>	<b>1,353</b>	<b>1,451</b>	<b>1,558</b>	<b>6,645</b>	<b>194.3</b>
Burglary	2,180	1,826	2,227	2,200	2,656	11,089	324.3
Larceny	8,699	8,673	9,344	10,184	10,243	47,143	1378.6
Motor vehicle theft	854	825	763	854	1,228	4,524	132.3
<b>Property crime</b>	<b>11,733</b>	<b>11,324</b>	<b>12,334</b>	<b>13,238</b>	<b>14,127</b>	<b>62,756</b>	<b>1835.2</b>
<b>Total</b>	<b>12,851</b>	<b>12,489</b>	<b>13,687</b>	<b>14,689</b>	<b>15,685</b>	<b>69,401</b>	<b>2029.5</b>

## CHILD HEALTH INDICATORS

23

Child Indicators: Education 2013	Morton County Number Percent		North Dakota Number Percent	
Enrolled in Special Education Ages 3-21 (Number and percent of total school enrollment)	573	13%	13,399	13.0%
High School Dropouts (Dropouts per 100 persons Grades 9-12)*	57	4.0%	888	2.8%
Average Expenditure per Student in Public School	\$9,156		\$10,964	

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Child Indicators: Economic Health 2013	Morton County Number Percent		North Dakota Number Percent	
TANF Recipients Ages 0-19 (Percentage of persons ages 0-19)	136	1.8%	5,358	2.9%
Food Stamp (SNAP) Recipients Ages 0-18 (Percentage of all children ages 0-19)	1,280	18%	37,826	23%
Children Receiving Free or Reduced Price Lunch (Percentage of total school enrollment)	1,291	28%	34,381	31%
Medicaid Recipients Ages 0-20 (Percentage of all persons ages 0-20)*	2,024	26%	53,814	27%
Children Ages 0-17 Living in Extreme Poverty (Percentage of children 0-17 for whom poverty is determined)	280	4.4%	10,114	6.2%
Median Income for Families with Children Ages 0-17 (Percentage of all women with children ages 0-17)	\$67,688		\$70,530	

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Child Indicators: Families and Child Care 2013	Morton County Number Percent		North Dakota Number Percent	
Mothers in Labor Force with a Child Ages 0-17 (Percentage of all mothers with a child ages 0-17)	2,748	86%	57,908	81%
Children Ages 0-17 Living in a Single Parent Family (Percentage of all children ages 0-17)	1,402	22%	34,591	23%
Children in Foster Care (Percentage of children ages 0-18)*	15	0.2%	2,019	1.2%
Children Ages 0-17 with Suspected Child Abuse or Neglect (Percentage of children 0-17)	497	7.6%	6,170	4.0%
Children Ages 0-17 Impact by Domestic Violence (Percentage of all children ages 0-17)**	274	4.3%	4,739	2.9%
Births to Mothers with Inadequate Prenatal Care (Percentage of Total Births)	10	2.4%	508	4.8%
**2010				

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Child Indicators: Juvenile Justice 2013	Morton County Number Percent		North Dakota Number Percent	
Children Ages 10-17 Referred to Juvenile Court (Percentage of all children ages 0-17)	260	9.1%	3,789	5.8%
Offense Against Person Juvenile Court Referral (Percentage of total juvenile court referral)	51	11%	689	9.8%
Alcohol-Related Juvenile Court Referral (Percentage of all juvenile court referrals)*	67	14.0%	909	13%



BURLEIGH/MORTON COUNTY ASSET MAPPING

AGING POPULATION	SURVEY RESULTS							RESOURCES	
		Community Stakeholders/ Public Survey (Online)	Poverty Survey Results	Project Service Connect Survey % Concerned	Veteran's Stand Down Survey % Concerned				
Specific areas of concern	Generalizable Survey (Paper)					Secondary Research - Dr. Pickard	Community Stakeholders Focus Group Comments	COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE NEED	GAP?
Cost of long term care	4.28	4.22	4.36	-	-	High rate of deaths due to falls statewide.	Deaths from falls.	Aging Services @ West Central, Burleigh County Social Services, Catholic Charities ND, Easter Seals, Good Samaritan Society Home Care, Gracefully Aging (Pride, Inc.), Guardian & Protective Services, Long Term Care Association, Lutheran Social Services, ND Aging & Disabilities, Northland Pace, Sanford Help at Home, Sanford Home Health, Sanford Meals on Wheels, Spectrum, CHI St. Alexius Health Home Health & Hospice, Support Systems, Inc., Visiting Angels, Missouri Slope, Enable, Volunteer Caregiver Exchange, Baptist Home, Brandon Heights Village, Crescent Manor, Edgewood Vista, Good Samaritan Society, Maple View East, Maple View North, Marillac Manor, Patterson Place, Primrose Retirement Community, Sanford St. Vincent's Care Center, St. Gabriel's Community, The Terrace, Touchmark, Valley View Heights, BBPH Home Health Program, CHI St. Alexius Health Palliative Care.	
Availability of memory care	3.82	3.76	3.86	-	-				
Availability of long term care	3.80	3.74	3.92	-	-	Increase in Alzheimer's deaths in ND.	Keeping elderly healthy & independent.		
Availability of resources to help elderly stay in their homes	3.55	3.71	3.61	-	-				
Availability of resources for family/friends caring/making decisions for elders	3.49	3.67	3.60	-	-	Both Burleigh & Morton have higher % of elderly as compared to the state.	Need to perform fall assessments.		
HEALTHCARE (ACCESS/COST)	SURVEY RESULTS							RESOURCES	
		Community Stakeholders/ Public Survey (Online)	Poverty Survey Results	Project Service Connect Survey % Concerned	Veteran's Stand Down Survey % Concerned				
Specific areas of concern	Generalizable Survey (Paper)					Secondary Research - Dr. Pickard	Community Stakeholders Focus Group Comments	COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE NEED	GAP?
Access to affordable health insurance	4.04	4.15	4.15	66.67%	47.06%		Length of time for EMS to reach rural areas.	ACCESS: Burleigh County Social Services, Morton County Social Services, Patient Financial Services at local hospitals, Navigators from Minot, Patient Advocates, ND Dept. of Human Services, access points in the area for mental health needs, CHI St. A's Partial Hospitalization Program, Archway Mental Health Service, Employee Assistance Program, Inpatient Behavioral Health	
Access to affordable health care	3.89	4.08	3.93	66.67%	31.25%		Not enough primary care providers /access.		
Access to affordable prescription drugs	3.96	4.06	3.98	66.67%	31.25%		Access to affordable home health services.	COST: Patient Navigators in ND, Custer Family Planning, Joanne's Clinic, UND Center for Family Medicine, First Choice Clinic, Blue Cross Member Advocate Program, Caring for Children, Community Care Programs (Sanford/CHI St. A's), ND Department of Insurance, Medicaid (Burleigh County/Human Services), Homeless Coalition, Medical Home Program, Sanford Health Case Managers/Social Workers/Parish Nurses, CHI St. A's Case Management/Social Workers, Prime Care Select CIN, Bridging the Dental Gap, Ronald McDonald Care Mobile, BBPH, Custer Health, Aid, Inc., Burleigh County Senior Adults, Burleigh Veterans Services, Prescription Connection, Salvation Army, UTTC, Hear-O-Program (donated hearing aids)	
Cost of affordable dental insurance	3.81	3.89	3.72	-	-		Access for Veterans.		
Cost of affordable vision insurance	3.74	3.84	3.54	-	-				
Timely access to mental health providers	2.76	3.47	3.18	-	-		Funding available for programs, hard to get people to apply.		
Timely access to physician specialists	3.22	3.44	3.31	-	-				
Coordination of care between providers & services	3.21	3.43	3.28	-	-				

CHILDREN & YOUTH		SURVEY RESULTS						RESOURCES	
		Community Stakeholders/ Public Survey (Online)	Poverty Survey Results	Project Service Connect Survey % Concerned	Veteran's Stand Down Survey % Concerned				
Specific areas of concern	Generalizable Survey (Paper)					Secondary Research - Dr. Pickard	Community Stakeholders Focus Group Comments	COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE NEED	GAP?
Cost of quality child care	3.62	4.16	3.71	64.91%	30.00%	Teen pregnancy rates higher than state.	Single parent households.	Bismarck Parks & Rec, Mandan Parks & Rec, Dance/Skating Clubs, Bismarck Police Youth Bureau, MHA Nation, Native American Development Center, Aquastorm Swim Team, ARC, Bis-Man Tennis Association, Bismarck Midget Football, Bismarck Soccer League, Bismarck Youth Baseball/Fast-pitch Softball, BLAST program, Bobcats Youth Hockey, Boy Scouts, Catholic Family Services, Central Dakota Cyclists, Central Dakota Diving Club, Charles Hall Youth Services, Child Care Resource & Referrals, Dakota Boys & Girls Ranch, Dakota Family Services, Dakota United Soccer Club, Dakota Zoo, Gateway to Science, Girl Scouts, Great Plains Track & Field, Head Start, YMCA, Mountain Plains Youth Services, Open Door Community Center, Shade Tree Players, Sleepy Hollow Theater & Arts Park, Special Olympics, The Village, Theo Art School, Youth Works, Team Kaizen	
Availability of quality child care	3.59	4.09	3.72	64.91%	30.00%	1/3 of births outside of wedlock.	Native American delinquency, need culturally appropriate resources & services.		
Cost of quality infant care	3.52	4.08	3.63	-	-	American Indian deaths very high across the state.			
Availability of quality infant care	3.52	4.05	3.69	-	-	More than 1300 children in extreme poverty in Burleigh and >1,000 in Morton County.			
Bullying	3.81	4.02	3.91	-	-	Higher rate of children exposed to domestic violence.			
Youth crime	3.57	3.67	3.74	-	-				
CRIME/SAFETY		SURVEY RESULTS						RESOURCES	
		Community Stakeholders/ Public Survey (Online)	Poverty Survey Results	Project Service Connect Survey % Concerned	Veteran's Stand Down Survey % Concerned				
Specific areas of concern	Generalizable Survey (Paper)					Secondary Research - Dr. Pickard	Community Stakeholders Focus Group Comments	COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE NEED	GAP?
Presence of street drugs, prescription drugs & alcohol	4.13	4.27		61.40%	80.00%	>50% increase in Morton County crime rates from 2009-2013.	Need safe places for outdoor youth activities.	Abused Adult Resource Center/Pam's House, Ruth Meier's Hospitality House, West Central Human Service Center, Bismarck Police Department, Mandan Police Department, God's Child Project, Vulnerable Adults Aging Services, Sanford Victims of Sexual Abuse, BBPH and ND Dept. of Health Injury Prevention Programs, CHI St. Alexius Health SANE.	
Crime	4.07	4.12		64.91%	75.00%				
Presence of drug dealers in the community	3.98	4.21		-	-	7% increase in Burleigh County crime rate from 2009-2013.	Low seatbelt use. Need a motorcycle helmet law.		
Child abuse & neglect	3.81	4		73.68%	75.00%				
Sex trafficking	3.9	3.99		64.91%	80.00%				
Domestic violence	3.86	3.98		71.43%	65.00%	Seatbelt use is worse than national average.			
Presence of gang activity	3.65	3.79		40.35%	60.00%				
Elder abuse	3.48	3.73		-	-				
DIVERSITY		SURVEY RESULTS						RESOURCES	
		Community Stakeholders/ Public Survey (Online)	Poverty Survey Results	Project Service Connect Survey % Concerned	Veteran's Stand Down Survey % Concerned				
Specific areas of concern	Generalizable Survey (Paper)					Secondary Research - Dr. Pickard	Community Stakeholders Focus Group Comments	COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE NEED	GAP?
Access to translators/bilingual providers	2.1	2.52	2.2	-	-	Growth in all non-white races. Burleigh >50% growth in American Indian population. Highest of any non-reservation county.	Access to translators.  Quality of translator services.	Lutheran Social Services UTTC Native American Development Center (Lorraine Davis)	

ECONOMICS	SURVEY RESULTS							RESOURCES	
		Community Stakeholders/ Public Survey (Online)	Poverty Survey Results	Project Service Connect Survey % Concerned	Veteran's Stand Down Survey % Concerned				
Specific areas of concern	Generalizable Survey (Paper)					Secondary Research - Dr. Pickard	Community Stakeholders Focus Group Comments	COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE NEED	GAP?
Availability of affordable housing	3.62	4.07	3.73	63.16%	30.00%	Both counties have higher income than state average.	Children living in extreme poverty.	Bismarck Public Schools, Carrie's Kids, United Way, Great Plains Food Bank, Trinity Lutheran Banquet, Spirit of Life Church Food Pantry, Ministry on the Margins, Burleigh County Housing Authority/Social Services, Legal Services of ND, Thrift Shops, Sanford & CHI St. A's Community Care Benefit Programs, All Nations Assembly of God, Bismarck Emergency Food Pantry, Community Action Program, Corpus Christi Church, Crystal River Ministry Center, Faith Center, Helping Hand Food Pantry, Salvation Army, Stone Soup Kitchen/Ruth Meier's, Ministry on the Margins	
Homelessness	3.33	3.61	3.54	73.68%	35.00%				
Hunger	3.27	3.51	3.4	66.67%	42.11%	Poverty rates lower than state average.  Lower family poverty rates than state.	Access to healthy foods.  Need free clinics.		
PHYSICAL HEALTH	SURVEY RESULTS							RESOURCES	
		Community Stakeholders/ Public Survey (Online)	Poverty Survey Results	Project Service Connect Survey % Concerned	Veteran's Stand Down Survey % Concerned				
Specific areas of concern	Generalizable Survey (Paper)					Secondary Research - Dr. Pickard	Community Stakeholders Focus Group Comments	COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE NEED	GAP?
Cancer	4.02	3.95	4.04	-		<15% eat 5 fruits & veggies/day.  1/2 of population does not get recommended exercise.	Diabetes rates are increasing.  Lack of cancer screenings by the public.	Bismarck Parks and Recreation, City of Bismarck bike and pedestrian strategic plans, Community wellness centers (Family Wellness Center ), Sanford Women’s Health Center, Go! Bismarck-Mandan, Let’s Move! (N.D. Dept. of Health) Missouri Valley YMCA, School programs and activities, Sanford Dietitians, CHI – St. Alexius Dietitians Bismarck-Burleigh Public Health Dietician & Immunization Services, Women’s Way 1-800-449-6636, A.W.A.K.E: Alert, Well and Keeping Energetic (Sleep support group), Alzheimer’s, Dementia and Memory Loss Care Givers’ Support Group, Bismarck Autism Support Group, Breast Cancer Support Group, Cancer Caregivers Support Group for Men, Caner Support Program, Celiac Support Group, Compassionate friends (For bereaved parents after the death of their child), Healthy Steps, Hepatitis B and C, American Cancer Society - Look Good/Feel Better (For women undergoing cancer treatment), Look Out for Lymphedema Lord of Life Lutheran Church Cancer Support Group, Lupus Support Group, Mastectomy Education & Support Group, Great Plains, Multiple sclerosis, National Autism Connection Support Group, N.D. Autism Connection Bismarck Support Group, Parkinson’s Support Group, Stroke & brain injury groups, Us Too! Prostate Cancer Support Group, CHI St. A's HPC gym	
Chronic Diseases (diabetes, heart disease,etc.)	3.82	3.95	3.98	61.40%	50.00%	Smoking rates 25% in Morton County, 18% Burleigh.  Obesity @ 30% Colon Cancer Screening 1/3 never screened over age 50.	Poor nutrition & eating habits.  Cost of fresh produce is high.		
Inactivity/lack of exercise	3.73	3.93	3.99	40.00%	30.00%	>7% of population has diabetes.	American Indian infant deaths are high.		
Poor nutrition & eating habits	3.68	3.92	3.88	47.37%					
Obesity	3.73	3.92	3.95	-					

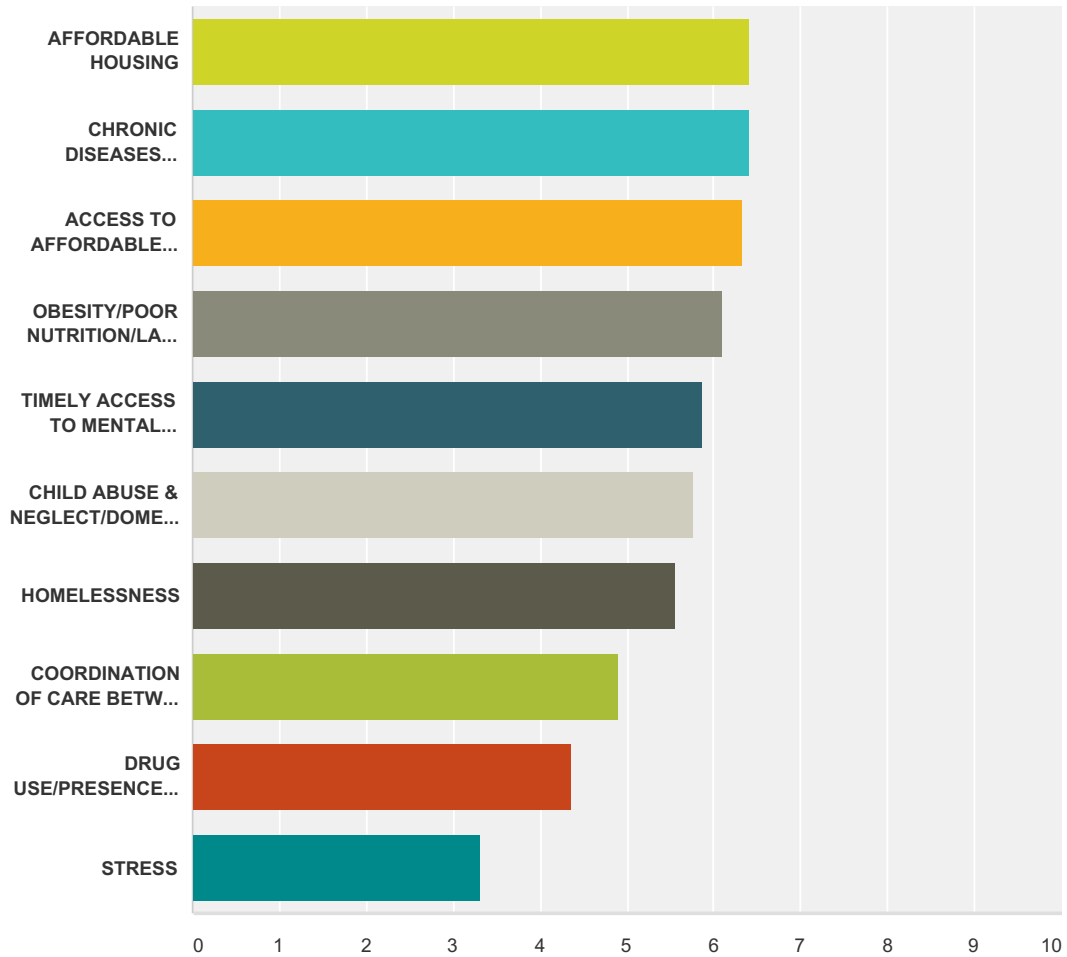
MENTAL HEALTH		SURVEY RESULTS						RESOURCES	
		Community Stakeholders/ Public Survey (Online)	Poverty Survey Results	Project Service Connect Survey % Concerned	Veteran's Stand Down Survey % Concerned				
Specific areas of concern	Generalizable Survey (Paper)					Secondary Research - Dr. Pickard	Community Stakeholders Focus Group Comments	COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE NEED	GAP?
Depression	3.63	3.89	3.77	59.65%	65.00%		Need a definition of mental health.	Burleigh County Social Services Dakota Boys and Girls Ranch CHI St. Alexius Health EAP Local mental health providers Mental Health Association Partnerships Program for Children's Mental Health (N.D. Dept. of Human Services) Pride, Inc. Sanford Health (medical providers, therapists and case workers) CHI St. Alexius Health (medical providers, therapists, case workers) The Village West Central Human Services Center Alzheimer’s Association Veteran’s Administration CHI St. Alexius Health Archway Mental Health Services	
Stress	3.65	3.87	3.64	66.67%	65.00%		Big gaps in service, nothing less than hospitalization.		
Suicide	3.51	3.84	3.64	45.61%	50.00%		Stigma.		
Other psychiatric diagnosis	3.16	3.57	3.39	59.65%	60.00%		Employment, can't hold a job no health insurance.		
Dementia & Alzheimer's disease	3.69	3.51	3.73	40.35%	65.00%		Need people to relate to people with depression & schizophrenia		
SUBSTANCE USE & ABUSE		SURVEY RESULTS						RESOURCES	
		Community Stakeholders/ Public Survey (Online)	Poverty Survey Results	Project Service Connect Survey % Concerned	Veteran's Stand Down Survey % Concerned				
Specific areas of concern	Generalizable Survey (Paper)					Secondary Research - Dr. Pickard	Community Stakeholders Focus Group Comments	COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE NEED	GAP?
Underage drug use and abuse	3.88	4.12	4.12	-		Binge drinking is at 24%	Binge drinking is a concern.	ACS Crisis Residential, ADAPT, Inc., Alcoholics Anonymous, Heartview Foundation, Lutheran Social Services, New Freedom Center, Pathways to Freedom, Sanford Health, CHI St. Alexius Health Archway Mental Health & EAP, Village Family Services, CHI St. Alexius Health Partial Hospitalization, West Central Human Service Chemical Dependency Program, Whole Person Recovery Center, Bismarck-Burleigh Public Health, Tobacco Prevention and Control Program (N.D. Dept. of Health), First Link, Teen Challenge, Hope Manor	
Drug use & abuse in general	3.75	4.07	3.96	49.12%	65.00%		Lack of services.		
Underage drinking	3.64	4.06	3.99	58.93%	45.00%				
Alcohol use & abuse	3.54	4.01	3.9	49.12%	40.00%				
Smoking & smokeless tobacco use	3.58	3.71	3.77	-	-				
Exposure to secondhand smoke	3.46	3.55	3.62	-	-				

TRANSPORTATION		SURVEY RESULTS						RESOURCES	
Specific areas of concern	Generalizable Survey (Paper)	Community Stakeholders/ Public Survey (Online)	Poverty Survey Results	Project Service Connect Survey % Concerned	Veteran's Stand Down Survey % Concerned	Secondary Research - Dr. Pickard	Community Stakeholders Focus Group Comments	COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE NEED	GAP?
Driving habits	3.56	3.69	3.6	-	-		Texting while driving.	Bis-Man Transit Burleigh County Veterans Affairs transit services CAT (Capital Area Transit) Bus	
Availability of good walking or biking options	2.91	3.14	2.93	42.10%	10.53%		CAT Bus needs new routes.	ND Safety Council SADD	
ENVIRONMENT		SURVEY RESULTS						RESOURCES	
Specific areas of concern	Generalizable Survey (Paper)	Community Stakeholders/ Public Survey (Online)	Poverty Survey Results	Project Service Connect Survey % Concerned	Veteran's Stand Down Survey % Concerned	Secondary Research - Dr. Pickard	Community Stakeholders Focus Group Comments	COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE NEED	GAP?
Hazardous waste	2.97	3	3.12	-	-	N/A	N/A	Bismarck Environmental Health Services, Custer Health, Burleigh	
Water quality	3.17	2.84	3.18	-	-			County Building Inspections, City of Bismarck Inspections Department,	
Air quality	3.01	2.79	2.99	-	-			ND Department of Health	
Home septic systems	2.47	2.49	2.46	-	-				

# Community Health Stakeholders Prioritization Survey

**Q1 Please rank the following in order of importance as priorities to be addressed by the Community Health Collaborative with 1 being first priority and 10 being last.**

Answered: 22 Skipped: 0



## Community Health Stakeholders Prioritization Survey

CHILD ABUSE & NEGLECT/DOMESTIC VIOLENCE	<b>13.64%</b> 3	<b>4.55%</b> 1	<b>9.09%</b> 2	<b>4.55%</b> 1	<b>18.18%</b> 4	<b>13.64%</b> 3	<b>22.73%</b> 5	<b>4.55%</b> 1	<b>4.55%</b> 1	<b>4.55%</b> 1	22	5.77
HOMELESSNESS	<b>9.09%</b> 2	<b>9.09%</b> 2	<b>0.00%</b> 0	<b>22.73%</b> 5	<b>9.09%</b> 2	<b>9.09%</b> 2	<b>22.73%</b> 5	<b>4.55%</b> 1	<b>4.55%</b> 1	<b>9.09%</b> 2	22	5.55
COORDINATION OF CARE BETWEEN PROVIDERS & SERVICES	<b>9.09%</b> 2	<b>0.00%</b> 0	<b>18.18%</b> 4	<b>4.55%</b> 1	<b>4.55%</b> 1	<b>13.64%</b> 3	<b>13.64%</b> 3	<b>13.64%</b> 3	<b>9.09%</b> 2	<b>13.64%</b> 3	22	4.91
DRUG USE/PRESENCE OF DRUGS & ALCOHOL	<b>0.00%</b> 0	<b>9.09%</b> 2	<b>4.55%</b> 1	<b>0.00%</b> 0	<b>13.64%</b> 3	<b>9.09%</b> 2	<b>18.18%</b> 4	<b>36.36%</b> 8	<b>0.00%</b> 0	<b>9.09%</b> 2	22	4.36
STRESS	<b>0.00%</b> 0	<b>4.55%</b> 1	<b>9.09%</b> 2	<b>0.00%</b> 0	<b>9.09%</b> 2	<b>9.09%</b> 2	<b>0.00%</b> 0	<b>13.64%</b> 3	<b>22.73%</b> 5	<b>31.82%</b> 7	22	3.32